

**How can we include Disability Issues in Undergraduate Curricula at the  
University of Cape Town?**

**By**

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## **ABSTRACT**

This study examined how disability issues can be included into the undergraduate curriculum at the University of Cape Town (UCT). It was based on Ohajunwa's (2012) study which looked at whether disability is included at all in UCT curricula. She found that disability issues were included but with minimal support and was done through individual effort and not a university collective effort. She also found that lecturers did not have support structures on how to even begin to think of including disability issues. This study therefore asked how disability issues can actually be included in the undergraduate curriculum at UCT.

A literature search found that institutions in South Africa have not started looking at the inclusion of disability issues in the curriculum in universities but rather have been focusing on the inclusion of students with disabilities. Inclusion of disability issues in university curricula has been happening on a small scale internationally with institutions citing a lack of support on how this can be embedded into all curricula rather than as an add-on.

The aims and objectives of this study, therefore, were to identify what content area should be the focus for the inclusion of disability issues, what teaching and assessment methods should be used, and what support structures are likely to be needed. The methodology used was a case study design and the case of disability inclusion in the University of Cape Town undergraduate curriculum. Focus group discussions, in-depth interviews, document analysis, and a reflective journal were means of data collection. Data were analysed using a thematic analysis method with an inductive approach.

The findings are reported in relation to a curriculum process framework which emphasises the links between why disability issues should be included, how, when and by what means. The findings are presented in four themes: 1. Achieving transformation through curriculum change; 2. Build and design the curriculum for diversity; 3. Creating a community of practice; and 4. Translating talk into action.

Trustworthiness and rigor were observed through member checking for credibility, reflexivity and peer-review for confirmability, and an audit trail for dependability.

The study concluded with a recommendation that with the use of the curriculum process framework that emerged from the study, disciplines may have a way to include disability issues in undergraduate curricula in order to transform these curricula. However, this should be done in an integrated way through considering various parts of the curriculum process framework.

## **DEFINITION OF TERMS**

### **Curriculum:**

“An interrelated set of plans and experiences which a student completes under the guidance of the school” (Marsh & Stafford cited in Grundy, 1987: 25).

### **Model of Disability:**

Represent a particular structure which is used to try and explain a certain phenomenon (disability in this case) (Llewellyn & Hogan, 2000).

### **Persons with Disability:**

“Persons with disabilities” is used in this study to refer to people with bodily impairments and is used to recognise the person first and the disability thereafter (McLaughlin, 1993). This is opposed to the term “disabled people” which, according to McLaughlin (1993), means the disability is recognised first and the person second. This is also a contested term so for the purposes of the study, I use “persons with disability” in recognition of the view that the person comes first and the disability second.

### **#RhodesMustFall:**

A movement formed by students at UCT aimed at mobilizing for the removal of Cecil John Rhodes’ statue at UCT’s upper campus.

**Students With Disabilities:**

Students that identified themselves to the University of Cape Town as having one form of disability or another. I do however realise this is a contested term because not all of my participants who were disabled wanted to be identified as students with a disability, but for the purposes of differentiating student participants of this study, I used this term.

**Students Without Disabilities:**

Students who did not identify themselves to the University of Cape Town's Disability Services as disabled in any way.

**Transformation:**

Transformation is to disrupt something, to change something because a need for change has been identified; such as the need to do away with racial discrimination through the collapse of the apartheid regime, ushering democracy into South Africa (Wangenge-Ouma, 2010).

**Universal Design:**

"Designs that considered, from the very beginning, the access need of the broadest possible range of users" (Pisha & Coyne, 2001: 198).



## **Universal Instructional Design:**

Universal instructional design is a novel approach to incorporate disability accommodations into the curriculum by incorporating different learning styles to meet the different learning needs of students in order to accommodate all students in learning (Higbee, 2003).

## **LIST OF ABBREVIATIONS**

DIRECT	Disability in Research Enhancing Curriculum and Transformation
NCLB	No Child Left Behind
UCT	University of Cape Town

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# **CHAPTER 1**

## **INTRODUCTION**

### **1.1 Introduction to the Study**

The study asks the question: How can we include disability issues in undergraduate curricula at the University of Cape Town (UCT)? It looks at disability issues in higher education as a catalyst for transformation. Transformation is a process that demands significant changes, usually for the better, but it is radical at heart (Nalau & Handmer, 2015). It comes about when people are no longer satisfied with the status quo in any field of endeavour where inequality exists. In this case, the inequality is embedded in the curricula of South African higher education institutions which perpetuates inequality in society (Shay, 2015). This study is interested in how any undergraduate curriculum can become a site for transformation through the inclusion of disability issues. Therefore, the study further explores teaching, learning and assessment strategies that are useful to include disability issues in undergraduate curricula.

### **1.2 Background of the Study**

In 2013, the Disability In Research Enhancing Curriculum and Transformation (DIRECT) project, funded by UCT vice-chancellor's strategic goals fund, carried out an audit aimed at discovering if disability was included in the curricula of all six faculties at UCT (Ohajunwa & McKenzie, 2013). The results found that disability is included in the curricula but it was usually done singly by enthusiastic lecturers; it was not faculty driven, and was patchy and incomplete due to lack of support (Ohajunwa & McKenzie, 2013). Also, the results found that the infusion of disability into curricula was a complex process which was often influenced by the nature of the discipline (Ohajunwa & McKenzie, 2013).

Ohajunwa's (2012) research then took, as secondary data from the DIRECT project, the Faculty of Humanities as its focus to see how disability issues were included in that faculty's curricula. The same findings from the DIRECT project were revealed as the result found that a few academics in the faculty were including disability issues, but they were doing so in isolation and

lacked support from the university to make it easier to include disability issues. Her study recommended further research into practical workable strategies to integrate disability issues into curricula (Ohajunwa, 2012).

This small scale study, therefore, builds on Ohajunwa's (2012) study and asks: How can disability issues be included in undergraduate curricula at UCT? What teaching, learning and assessment methods will help facilitate the inclusion of disability issues into undergraduate curricula?

### **1.3 Problem Statement**

Persons with disability are excluded from participating equally in everyday social activities; for example, lack of access to education and livelihoods (World Health Organisation, 2011). Universities are the ideal place to raise awareness of the problem (Campbell, 2009). Evidence from Ohajunwa's (2012) study suggests there is limited inclusion of disability issues into UCT's curricula, despite the mission of social responsiveness. Her study further revealed a lack of a strategy for inclusion of disability issues across any discipline in the university (Ohajunwa, 2012). Therefore, this study asks the question, How can we include disability issues in undergraduate curricula so that any discipline within UCT can embed disability issues into their undergraduate curriculum?

### **1.4 Rationale**

Ohajunwa's (2012) study revealed that there were pockets of lecturers including disability issues in undergraduate curricula, but they were not sure if they were using the best methods. Little is therefore known about how disability issues can be included in undergraduate curricula, what teaching, learning and assessment methods can facilitate the inclusion, and what support structures assist this inclusion. This study, therefore, seeks to find out how disability issues can be included in undergraduate curricula.

With the #RhodesMustFall (Rhodes Must Fall) movement, where students at UCT mobilised to remove Cecil John Rhodes' statue in their support for marginalised groups against institutional, White, supremacist and capitalist patriarchy, universities are challenged to transform in many ways (Prinsloo, 2016). Transformation in the curriculum has been difficult to implement

across higher education institutions and it can no longer continue as before: the application of “band-aids” to deep-seated systemic problems (Narismulu & Dhunpath, 2008). This study, therefore, also aims to see if insights brought about through finding how to include disability issues in the undergraduate curriculum might afford one such opportunity for transformation at UCT.

### **1.5 Study Context**

The University of Cape Town is situated at the mountainous base of Table Mountain’s Devil’s Peak in the Mother City of Cape Town, in South Africa (University of Cape Town (UCT), 2016). As one of the leading universities in higher education in Africa and the world, UCT has developed a reputation for excellence in research that ensures an evolving scholarly work and discoveries that benefit its undergraduate and postgraduate students (UCT, 2016).

UCT has six faculties: Commerce (incorporating the Graduate School of Business), Engineering and the Built Environment, Law, Health Sciences, Humanities and Sciences, all supported by UCT’s Centre for Higher Education Development, which is focused on addressing students’ learning and teaching needs (UCT, 2016). These faculties cater to under- and post-graduate programmes. This study is specifically addressing undergraduate programmes from the six faculties mentioned.

The university ranks 120th in the world Times Higher Education (UCT, 2016), and is also the top university in Africa according to the Times Higher Education (2015) ranking. Despite this, the institution has recognised the need for transformation in addressing issues ranging from the diversity of its staff, equity and access of its students, its curriculum, the leadership style and governance, including looking into attitudes and behaviour (UCT, 2016). Transformation has been a gradual process, especially in the area of student equity and access and, in a demand to accelerate the process, the Rhodes Must Fall student movement came into being. UCT acknowledges this, as it states within its action guide for transformation, that there’s a necessity for transformative intervention along race, gender and disability lines (UCT, 2016). But in order for this to happen, it needs to move beyond pen, paper,

website and policies; it needs implementation and it would need a collective effort.

To start to respond to this need, the DIRECT project focused on two of UCT's strategic goals, namely, building upon UCT's contribution to South Africa's development challenges; and, adding to the quality and profile of UCT's graduates (UCT, 2009).

Of the 18 academic staff that responded to an initial survey, seven reported that they included disability issues while 11 indicated that they did not (Ohajunwa, 2012). A further analysis of research outputs of four faculties (Law, Science, Commerce and Centre for Higher Education Development) revealed that out of 833 research outputs, only 27 of them were disability-related (Ohajunwa, 2012). The study concluded that the seven academic staff who included disability issues were doing so in isolation and that it was an individual effort as opposed to a departmental effort. This finding was echoed by Campbell (2009) who also found that disability inclusion into medical curricula in the UK and Australia was dependent on the passion of individual staff members instead of an overarching policy from the Faculty or department in the university.

There was also a lack of knowledge of what to teach about disability and where to get the necessary knowledge which, as Campbell (2009), in her study about medical education and disability studies noted, creates a fragmented system of implementation with disability issues incorporated horizontally into the curricula and with limited scope and short duration. Campbell (2009) also noted that a curriculum infused with disability issues, including direct exposure and contact with individuals affected by a disability, could appreciably increase awareness of disability issues in undergraduate students. Four United Kingdom higher education institutions are already in the process of including disability issues in their curricula through engaging their students in the areas of arts, design and multimedia via a live brief to create inclusive illustrated books and digital media that caters for children (Matthews, 2010). It was found that not only did the project raise awareness of disability issues in the students, but a number of them had gone further in their careers to consider representations of disability in inclusive ways

(Matthews, 2010). Also, infusing disability issues, rather than as an add-on course into the undergraduate medical curriculum of the State University of New York, revealed a decrease in stereotypes formed around persons with disability by undergraduate medical students (Symons, McGuigan, & Akl, 2009).

Therefore, the implications of this study may be a way to assist UCT in transformation through the curriculum. As such, by using Ohajunwa's (2012) study as a foundation, this study is interested in the curriculum as a vehicle for the inclusion of disability issues and transformation. It is a possible starting point to begin to engage in rethinking systems and structures, a possible way to interrogate the status quo, and possibly, a way to begin to see the dawn of what a balanced curriculum can offer higher education institutions in South Africa.

### **1.6 Research Question**

This study asks the question: How can disability issues be included in undergraduate curricula at UCT?

### **1.7 Aim**

The aim of this project is to identify and describe strategies to facilitate the inclusion of disability issues in curricula at undergraduate level at UCT.

### **1.8 Objectives**

- a. To determine what disability issues content could be included in the design of undergraduate curricula at UCT.
- b. To identify effective teaching methods for the inclusion of disability issues in undergraduate curricula.
- c. To describe assessment methods that facilitate the inclusion of disability issues into undergraduate curricula.
- d. To identify constraints, resources and infrastructure needs that support disability issues' inclusion in undergraduate curricula at UCT.

## **1.9 Summary of the Chapters**

A summary of the chapters of this study are detailed below. The focus of each chapter and their purpose to the overall study is highlighted.

### **1.9.1 Chapter One**

The first chapter introduces the study. In this chapter the focus is to set the scene for what the research entails; the problem statement and why the research was conducted. I also present the research question, aims and objectives and give a summary of all the chapters within the study. At a glance of the introduction, the reader has a good view of what the research is about and what to expect from the content of each chapter. Therefore, Chapter One gives the general overview of the study.

### **1.9.2 Chapter Two**

Chapter Two details the literature available on this research topic. I clarify what this study means when it addresses disability issues: what it means when it speaks of curriculum and what literature reveals is known about how to include disability issues into curricula. Examples of some disability issues that can be included into undergraduate curricula are given, and why these issues are included. I then explain my conceptual framework – which is the reason for inclusion of these issues as they help bring about a transformation of the curricula. As such, the study is interested in how these disability issues can be included in undergraduate curricula. Finally, the curriculum process framework in the designing of a new, or transformation of an existing curriculum, is explained.

### **1.9.3 Chapter Three**

This chapter explains the research methodology used. Here the research design and theoretical framework are detailed followed by an explanation of how the participants were recruited for the study. I explain the data gathering methods: how data were collected; how the data were managed, in the data management section; and elaborate on how the data were analysed.

An explanation of how the research achieved trustworthiness and rigor, ethical considerations and confidentiality follows. The non-maleficence of this

study regarding the participants, the beneficence, if any, and procedures put in place to ensure justice to the participants of the study are also detailed.

#### 1.9.4 Chapter Four

In Chapter Four, the results from the study are presented in four themes which guide the next chapter, the discussion chapter. These themes emerged from participant data as this research used an inductive approach where the data from participants guided the formation of the themes.

#### 1.9.5 Chapter Five

In Chapter Five, the results of the study are discussed.

#### 1.9.6 Chapter Six

In Chapter Six, some recommendations from the study are stated. I also explain possible further research that can be carried out or replicated. Finally, the study limitations are outlined and I close with conclusions of the study.

## **CHAPTER TWO**

### **LITERATURE REVIEW**

#### **2.1 Introduction**

This chapter introduces how disability is perceived and defined by various acts, models and framework such as the Americans with Disability Act (Feldblum, 1991); the individual medical model of disability (Kaplan, 1999); the social model of disability (Barnes, 2011); and the International Classification of Functioning (ICF) (cited in Barnes, 2011). It then follows with what is meant by disability issues and examines various lenses used to view disability, the intersectionality of disability, and disability as diversity. A case is made for why these issues were chosen. The chapter then considers how other higher education institutions in South African and international institutions include disability issues. It finally discusses a curriculum process framework that can guide the design of the curriculum since this study is interested in the inclusion of disability issues into undergraduate curricula.

#### **2.2 What is Disability?**

“The question of the definition of person with a disability and how persons with disability perceive themselves are knotty and complex” (Kaplan, 1999: 1). The Americans with Disability Act of 1990 defines a person with a disability as someone with an impairment either physical or mental, that considerably prevents that person from participating in any of life’s major activities (Feldblum, 1991). However, this centralises the limitations of a disabled person’s participation to the impairment, rather than the environmental barriers. Furthermore, there is a range of impairments, and the needs associated with them vary for each person with a disability. Also variable are the models that are used to understand disability. These models sometimes dictate in which academic discipline experiences of disability are to be included and taught (Smart & Smart, 2006). Some of these models range from the individual medical model, the functional model, the environmental model, the socio-political model and the transactional model. For this research, my focus will be on two main models, namely the medical



and social models, because the other models mentioned fit into these two one way or another.

The individual medical model locates disability in the impairment of a person with a disability that needs to be cured through medical intervention (Kaplan, 1999). The social model on the other hand locates disability as a disadvantage which is a result of activity caused by not medical, but social constructions, which ignores persons with disability, thereby excluding them from a life of social interaction and cohesion (Barnes, 2011). The social model was a step to shift attention away from the impairment as the disabling factor and to rather turn attention to the barriers created by disabling environments and cultures (Barnes, 2011).

The functional and environmental models are considered together here, as in Smart and Smart (2006), because both are interactional models. They first look at the individual's functions – like their skills, abilities and achievements plus their environment (Smart & Smart, 2006). These two models recognise the biology of the medical model but also point to the disabling nature of the environment when not adapted for a person with a disability.

The socio-political model widens the environmental space to say that disability is due to the social constructions given by society about disability, such as the inferiority associated to persons with disability, the stigma associated with persons with disability, the discrimination associated with persons with disability and the prejudice associated with persons with disability (Smart & Smart, 2006). It is a more recent model but posits the disability not to the impairment, as in the medical model, but to the social construction of disability by society. Thus, this model refuses to recognise these social constructions by society towards persons with disability and posits that if society made up the terms (e.g., different, inferior, weak) associated with disability, they should be able to deconstruct these terms (Smart & Smart, 2006).

The transactional model builds upon the social model further by saying that not only is disability caused by disabling environments, but that disabling social relationships also sustain and act as contributing factors (Llewellyn &

Hogan, 2000). It looks into how social relationships with a person with a disability can be a disabling factor.

So the two main models of disability, among the others mentioned, generally shape understanding of how society sees and defines disability. As the other models show, disability should not be considered as only medical or as only social because persons with disability may still experience problems due to their health condition just like anybody else (WHO, 2011). Therefore, the International Classification of Functioning (ICF) which is the framework the World Health Organization applies in order to quantify disability and health related matters at both individual and population levels, employed a much broader definition of disability as a “complex relationship between an individual’s health condition and personal factors; and, the external factors that represent the circumstances in which the individual lives” (cited in Barnes, 2011). In fact Smart and Smart (2006) noted that taking any one of these models only reduces the definition of disability into a single, reductionist dimension while ignoring other important factors like relationships, the individuals’ skills, culture and the like.

The different models also emphasise different aspects of disability, showing how complex disability is. The inclusion of disability issues in undergraduate curricula might help highlight and deepen understanding of the complex factors associated with disability to undergraduate students at UCT. It might gradually help bring a holistic approach to a view of disability.

Therefore in this study, the understanding of disability issues that will be used is a holistic one that applies any one of the models mentioned in combination, depending on the nature of needs of anyone with a disability . So when this study speaks of disability issues, it is with the understanding of a combination of the models which largely fall within medical and social models.

### **2.3 What is Meant by Disability Issues?**

“Disability issues” is a term that refers to the important topics or problems that can advance how we understand and make sense of the complex interplay of issues involving disabilities (Hardin & Preston, 2001). Due to the

negative effect of the multiple factors mentioned earlier, disability issues arise.

Disability issues also help to study disability and its representations as part of the human condition (Hardin & Preston, 2001). There are numerous disability issues but this study chose the following issues because of their transformative nature, and also their relationship to the medical and social models of disability:

- a) Lenses used to view disability. This disability issue has the ability to influence relationships formed with a person with a disability; their social interactions where the non-disabled form part of the social environment of persons with a disability. This issue relates more to the transactional model, which as indicated earlier, expands on the social model's view with the inclusion of social relationships as part of the environmental and societal barriers experienced by persons with disability. If included in undergraduate curricula, it may support the co-creation of healthier relationships among students from diverse backgrounds.
- b) Intersectionality of disability. This disability issue enables a view that is broader than the impairment of persons with disability. It encourages an awareness that, when persons with disability are considered, they are often defined by a complex mix of issues. Thus, each person with a disability will probably be different because they are carrying an intersection of different issues. This issue combines both the social and medical models because, in its very nature, it is likely to be the combination of issues resulting from the impairment of the person with a disability coupled with issues resulting from societal or environmental barriers. If included in undergraduate curricula, it may help students to look beyond the impairment of a person with a disability to see how a person with a disability is no different from non-disabled people who also hold an intersection of many complex issues. These issues include gender, race, class, ethnicity and more.
- c) Disability as diversity. This disability issue posits that persons with disability are like any other non-disabled person having multiple realities at different times which as such form part of humanity's diversity. This

issue also relates to both the social and medical models of disability because one of the things that make people different, and which makes them diverse, is the different ways the issues mentioned find expression. Thus, persons with disability form part of the diversity of humanity because they carry an intersection of issues arising from their impairment, as well as issues arising from societal and environmental barriers. This is no different from the intersection of issues a non-disabled person carries. It is simply that issues for persons with disability are different and unique. But so are intersecting issues with persons without disability. For example, no two intersections of issues of race, gender, class, and ethnicity are the same in any two persons without disability. So if this issue is included in undergraduate curricula, it not only establishes disability as part of the university's diversity but expands students' understanding of what diversity is.

The study will now discuss these issues in more detail below:

### 2.3.1 Lenses Used to View Disability

There are different ways of viewing disability. Beckett (2014), in her article on non-disabled children's ideas about disability and persons with disability, noted that right from an early age, children as young as the age of six and above viewed disability as a function of biological or medical dysfunction. She called this view "cultural schemas" which inform how children view persons with disability, therefore, the lens they use to view disability (Beckett, 2014). She further stated that, as young as they are, they are already capable of creating lenses that not only maintain a privileged position as a child without disabilities but also a less than human view of children and persons with disabilities (Beckett, 2014: 856). This shows that lenses can be formed from a very young age, thus making it all the more necessary that disability issues be included into undergraduate curricula. Then students and lecturers who also grow up as children can be made conscious of how they view disability, and from which lens they can self-interrogate these views.

Lenses are beliefs and ideas people hold about disability which they apply in various situations involving persons with disability. Undergraduate students as well as lecturers can hold beliefs that act as lenses that influence how

persons with disability are seen, therefore speaking about both perspectives is important.

These lenses are often derived from traditions, ideologies, beliefs, and from interaction with persons with disability either actively or passively (Beckett, 2014). One of these lenses is people's cultural beliefs which can go so far as to influence services available to persons with disability (Stone-MacDonald & Butera, 2012). Culture as defined by Chai, Liu and Kim (2009) is what a group of people share which could be a set of values, ideas, attitudes and norms. It may include all aspects of a society, thus greatly impacting how we act and think in our everyday lives (Chai et al., 2009). Groce (1999) argues that individuals with disability are treated well or poorly based in part on cultural beliefs about how they became disabled. These beliefs often come as myths. For example, a belief in a certain African ethnic group is that a mother having a child with a disability is so because she slept with multiple partners; or, that because a particular family do not go to church, they therefore got a child with a disability (Haihambo & Lightfoot, 2010). Furthermore, the cultural beliefs about disability are more aligned to the medical model which sees disability as needing to be fixed by the medical profession. Is the problem of the individual more aligned to the social model which sees disability as external and perpetuated by barriers in the society, or is it more informed by religious, charitable, pitiable or benevolent reasons or a combination of all three? (Haihambo & Lightfoot, 2010). These lenses often influence a student's understanding of disability. As part of society, undergraduate students need to interrogate the lens they use to view disability and how they might, to a lesser or greater degree, be part of the perpetuation of stigma around disability at university. For example, a case in Namibia reported how a child with visual impairment became the victim of school tricks by her non-disabled peers, who in misleading her caused her to continuously fall into traps set by them because her peers associated disability with witchcraft and evil spirits (Haihambo & Lightfoot, 2010). With the inclusion of disability issues in undergraduate curricula, such children might come to recognise how negative their actions were and start to develop a more inclusive social relationship with students with disabilities. By including disability issues in undergraduate curricula, a change in students'

social relationships with one another and with persons with disability can be facilitated.

On the other hand, disability might be seen positively through a lens of a 'Gift from God' where a student's beliefs from their background see a person with a disability as a blessing from the Creator of whom they can learn something from (Haihambo & Lightfoot, 2010). Students learn about disability issues in one way or another in their daily lives but it might not be a conscious learning. University is one context of learning for students and has the potential to influence thinking about disability through the curriculum.

Beckett's (2014) study revealed some positive results when the issue of lenses used to view disability was included in the school curriculum. Her study indicated that it was when lenses conflicted in the curriculum that opportunities for transformation presented themselves. This conflict evoked debate (Beckett, 2014) and marked the beginning of new and positive dispositions towards how disability is viewed. Beckett (2014) suggested that schools need to step in and start implementing teaching and learning practices relating to disability that were inclusive and not anti-oppressive. This is, in essence, what this research is arguing: the inclusion of disability issues in undergraduate curricula at UCT so that these lenses can be debated. It needs to be done in such a way that students will be challenged to critically think through and engage with the different lenses used to view and understand disability.

However, it is not only students who hold lenses which influence how they view disability: lecturers do so as well. For example, some lecturers hold the belief that students with developmental disabilities require significantly different methods of education, giving rise to the thought that they should be taught separately from other students (Lalvani, 2015). This focusses on the differences of students with developmental disabilities rather than focusing on the similarities with students without disabilities (Lalvani, 2015). This also provides an opportunity for the benefits of the social and medical models of disability to be incorporated together to assist students with developmental disabilities. Since the medical model only considers the impairment of the student with a developmental disability, a medical prescription is likely to be

the solution to help the student deal with the biological impairment. However, the social model of disability will look further to the environmental barriers. In this case, a possible barrier might require looking at the learning environment, whether or not it is inclusive in accommodating the learning style of the student with a developmental disability. So, with the view of the social model, learning support materials are available in a variety of forms e.g. audio books, computer-assisted technology and screen magnifiers to support text-reading for students with disability (Evmenova, Ault, Bausch, & Warger, 2012). Therefore, with knowledge brought about by the inclusion of disability issues into undergraduate curricula, the social model can influence alternative teaching, learning and assessment methods which might help expand the creativity of lecturers in finding ways to accommodate not only students with disabilities, but different learning styles of other students. In addition, it may facilitate a mind-shift that transcends traditional ways of teaching and learning where the focus will be to find creative ways for students with different abilities to express what they have learnt. Rather than separating students with developmental disabilities from students without disabilities, they should be integrated when adequate support is provided. This is just one of the benefits which the inclusion of disability issues can offer.

However, if this is lacking, it is possible that beliefs from lecturers can become one of the lenses that reinforces the stigma brought about through the separation of students with developmental disabilities from students without disabilities.

### 2.3.2 Intersectionality of Disability

Another critical disability issue for inclusion in undergraduate curricula is the knowledge that disability issues are intersectional, i.e., issues like race, gender, class, power dynamics, positionality, poverty and cultural beliefs, among others, can influence how disability is experienced and understood. Therefore, disability issues cannot be looked at in isolation otherwise the curriculum risks excluding the interplay that many interrelated factors help in the understanding of disability issues (Pal, 2011). Intersectionality, therefore, is about the ways that various forms of discrimination occur at the same time,

and which often leaves those who experience this at a disadvantage (Olsvik, 2008). An understanding of intersectionality will help undergraduate students at UCT question their own privilege and power without demeaning others, and to recognise that they too possess many identities. Therefore, an understanding of intersectionality will guard against treating any group (especially vulnerable groups of which students with a disability form part) as a homogenous group. This would be like saying all women are the same, all gay people are the same, and all persons with disability have the same needs (Olsvik, 2008). In addition, knowledge about the intersectionality of disability can make students aware of the dynamics that age, gender and position play in a university setting. They then can learn to look beyond the impairment of a person with a disability and get to know the person, realising that their impairment is only a fraction of their identity. Thus, their impairment does not define them but rather the intersection of their impairment with other issues.

### 2.3.3 Disability as Diversity

Through an awareness of the abovementioned lenses used to view disability, lecturers might gain a better understanding of different issues that intersect with disability and which reflect a deeper difference to be celebrated. However, the goal of disability as diversity is not just about raising disability issues, but more about raising awareness of the need to identify and reduce the exclusion of any group of students, especially minority groups. Tressou, Mitakidou, and Karagianni (2007) noted in this connection that the university should be a place where participation in the educational community and the resulting success at university should be independent of all forms of diversity such as gender, religion, socio-economic condition, disability, ethnicity, class and race. The diversity of students should be acknowledged within higher education institutions' curricula because, in doing so, universities provide ways for students to be fully included in the culture of the university. This might, therefore, assist lecturers and students to begin to engage and dialogue the different ways diversity manifests itself at tertiary institutions. It is not a particularly easy process. Inclusion is a complex process that will require constant re-evaluation to restructure and reorganise a university's



curriculum to provide a culture and practice that identifies, minimizes and removes barriers to participation for all (Tressou et al., 2007).

The inclusion of disability issues into undergraduate curricula brings to the fore the need for an inclusive education which recognises and promotes the diversity of students. However, a common belief is that inclusive education only concerns students with disabilities (Tressou et al., 2007). This, Tressou et al. (2007) say, limits our scope and weakens our ability to locate and combat all forms of social exclusion at the university. There is a good chance that when universities consider creative ways for students with disabilities to learn, they also undergo a mind-shift that takes this creativity further than the accommodation of students with disabilities to consider the diverse ways in which other students learn. This means that inclusive education is actually wider than just including students with disabilities; it represents diversity beyond disability. In speaking about disability issues, the university will be raising awareness for all other issues – or at least the recognition that these issues do not stand on their own but are often found in combination with other issues. Therefore, it is only logical that, in the different disciplines in a university, confronting diversity should be one of the basic goals of the curriculum and teaching practice (Tressou et al., 2007). This is why the embedding of disability issues as part of the curriculum in all disciplines, rather than as an add-on, might help provide a platform for the identification, debate and support of diversity at UCT. This makes disability issues an important aspect of diversity and also expands students' view of what diversity is. Here I allude to the fact that it makes the inclusion of disability issues something that may bring a transformation in the curriculum. Therefore, for this study, disability issues mean those that have the potential to transform the curriculum to be one that is inclusive of all students, despite their different learning styles.

By recognising the potential of some of these issues to transform university curricula, this study follows on from Ohajunwa's (2012) study which explored whether disability issues had already been included in the curriculum at UCT. If they were, how was it done, and if not, why not? The next section will report some of the findings from Ohajunwa's (2012) study.

## **2.4 The Encouraging Evidence of the Beginnings of Disability Inclusion at UCT**

Ohajunwa's (2012) study revealed a number of ways in which disability issues are currently included in curricula at the University of Cape Town. Firstly, the Faculty of Engineering and the Built Environment included disability issues through discussions on the creation or adaptation of assistive devices for persons with disability and how space that is constructed in the city is a disabling factor (Ohajunwa & McKenzie, 2013). Occupational Psychology did their inclusion by teaching on workplace injuries that lead to impairment, as well as implementing the Employment Equity Act (Ohajunwa & McKenzie, 2013). Transport Studies at UCT included disability issues by incorporating universal access auditing and design methods into their student group assignments and presenting students with a video on mobility problems experienced in physical, sensory and intellectual disabilities (Ohajunwa & McKenzie, 2013). The outcome from Transport Studies showed that the assignment created awareness of disability issues by opening students' minds to a way of perceiving the infrastructure around them in a way that was not done before. They now reported being able to notice gradients, steps, textures and colour contrasts not previously observed (Ohajunwa & McKenzie, 2013).

However, the focus on disability was done in isolation of other diversity issues. As has been pointed out, inclusion of disability issues intersects with other issues like race, gender, class, ethnicity and more. Including disability issues in undergraduate curricula, without considering the intersectionality with other issues mentioned, misses the holistic picture and might once again remain an isolated inclusion: an add-on. An inclusion of one marginalised issue alone such as race, gender, disability or class may lead to the marginalisation of the others (Peel District School Board, 2002). Therefore, it is important that we do not separate the issues; we do not regard students as having a single issue but instead formulate strategies for the inclusion of all issues on the basis of understanding their interconnection (Peel District School Board, 2002). It forces us to look at the ways in which we consciously or unconsciously choose to emphasise or ignore certain aspects of various

issues and how that often determines which issue is marginalised and which is not (Peel District School Board, 2002). For example, in dealing with racism, a Black, male professor may not notice his sexism (Peel District School Board, 2002). Thus, in considering disability issues with other issues, the curriculum will reflect wider and more diverse issues that reflect the student population and society.

Ohajunwa, McKenzie, Hardy, & Lorenzo (2014) also reported that inclusion was happening with a small pocket of lecturers in isolation because they were doing it out of personal enthusiasm. Given that it was not an endeavour with support from a department or faculty, it resulted in a lack of shared, inclusive practice. Nor was there evidence of any cross-faculty collaboration (Ohajunwa et al., 2014).

Studies about the inclusion of disability issues into undergraduate curricula in other higher education institutions in South Africa are limited or non-existent. Most of the studies focused on the inclusion of students with disabilities into higher education or on inclusive education, which focuses on creating a learning environment that is adapted to meet the different learning styles of students, particularly those with special learning needs. This might be due to a lack of policy in South Africa that specifies the inclusion of disability issues into university curricula. Existing policies have only been about how students with disabilities can be included into post secondary education or about inclusive education. Some of those policies include the Integrated National Disability Strategy White Paper (INDS) (Office of the Deputy President, 1997) and the Education White Paper 6 on Special Needs Education (EWP6) (South African Department of Education, 2001). The objective of the INDS is to facilitate curriculum development that is flexible in order to adapt to the needs of any student, regardless of their race, disability, gender, class and ethnicity. However, it does not specifically cover the need to include disability issues into tertiary curricula (Office of the Vice-President, 1997).

The EWP6 also does not speak to the inclusion of disability issues into curricula but it does strongly recognise how a curriculum can become a barrier if the content, language used, classroom environment, teaching

methods, learning materials and assessment methods are not flexible enough to accommodate different student learning styles.

The next section considers how disability issues are included internationally in other higher education institutions.

## **2.5 How are Disability Issues included in Other Higher Education Institutions Around the World**

The range of ways in which other higher education institutions have included disability issues in their curriculum varies. The Graduate School of Public Health in the United States included disability issues in its curriculum by offering dedicated courses that deal substantially with disability but not necessarily integrated across the curriculum (Tanenhaus, Meyers, & Harbison, 2000). Bournemouth University in the United Kingdom included disability issues through an approach based on problem solving learning by picking a disability issue (Treby, Hewitt, & Shah, 2006). For instance, they considered the issue of disability awareness around the university whereby students assessed the level of accessibility for students with disabilities on their campus. Bristol University also included disability issues through developing a module as part of their postgraduate study (diploma or masters in education) by focussing on disability equality (Wells, Byron, McMullen, & Birchall, 2002). The other universities either included disability issues using textbooks, or simulating different types of disabilities. Four other UK higher education institutions included disability issues in their curricula through engaging their students in various creative avenues like arts, design and multimedia. This was done via a life brief that takes children beyond the written form by exposing them to illustrated books and digital media (Matthews, 2010).

However, in all these forms of inclusion, some universities realised that the way in which they were including disability issues was not having the desired effect because, as Treby et al. (2006) put it, it felt rather mechanistic: something that is just attached, an add-on. They were usually incorporated horizontally, without depth, touching upon little fragments of disability issues in the curriculum (Campbell, 2009). This was attributed to a lack of experience on how to include disability issues, absence of support from

senior management and sometimes an anxiety which came from a feeling of lack of expertise. Therefore, it is necessary to train staff members who can drive the inclusion of disability issues before incorporating it into undergraduate curricula (Treby et al., 2006). Persons with disability, however, should be involved in the process, given their wealth in the lived experiences of disability through their definitive voice with experiences of personal disablement to guide and approve how the inclusion should be done (Matthews, 2010).

Some of the universities, however, have started to see and make the link to disability issues. Criminal Law at the U.S Texas A&M University uses disability issues to explain the human condition: what it means to be human. Disability issues teach them that there are significant flaws in how we see the mind, body, ability and identity (Paetzold, 2010). As disability issues reveal, oppression will continue as long as human beings are assumed to be independent and autonomous rather than being inter-dependent and in need of mutual care and assistance (Paetzold, 2010). Everyone is dependent on something that other humans do. We all depend on clean water from the local municipality; we all depend on food from farmers, electricity, petrol and the rest. In one way or another, we are inter-dependent and not really totally independent, where we live on an island that functions without services from others.

This highlights the transformative thinking that the inclusion of disability issues may bring to different disciplines. The thought of inter-dependence enhances social relationships among humans to look beyond themselves to see they are part of a greater whole. The transformative nature of disability issues is also evident in bringing new ways of thinking about disability. For instance, students learn new ways they may consider themselves disabled either through medical diagnosis, educational or social barriers, stereotypes and stigmas, and any other form of categorisation (Paetzold, 2010). This might help students to reflect more on disabling factors in society, and therefore, to recognise and better engage with them.

These universities, however, acknowledged that a different teaching approach would be needed for the inclusion of disability issues to be

successful and inclusive. Therefore, knowledge about the design of the curriculum can help facilitate the process. Because this study is interested in how disability issues can be included in undergraduate curricula, the notion of curriculum design needs to be unpacked. In the next section, I will present the curriculum design framework that can be used as a curriculum development guide.

## **2.6 What Does Curriculum Design Entail?**

Before I begin with what curriculum design entails, it is necessary to understand that curriculum itself is a complex endeavour, often distinguished between the intended curriculum, the enacted curriculum, the hidden and the implicit curriculum (Hoadley & Jansen, 2009).

Some definitions of curriculum speak only about the intended or official curriculum, i.e., that which is prescribed, planned to be taught and learnt in schools (Hoadley & Jansen, 2009). This form of curriculum often comes through textbooks, the syllabus and course outlines. So it is often spread across multiple documents (Hoadley & Jansen, 2009). It is valued but will require implementation to be assessed and taught. Also, the nature of this form of curriculum, as Hoadley and Jansen (2009) further explain, might give educators more freedom to implement this as they see fit, which brings us to the enacted curriculum.

The enacted curriculum is that which is taught; it is the implementation of the intended or official curriculum and as such what happens to the official curriculum in the context of schools. Therefore, the intention of the official curriculum is not always implemented as planned and prescribed (Hoadley & Jansen, 2009). This is because there may be factors that influence the implementation, such as class size, diversity of students, i.e., students whose first language is not English, teachers' unpreparedness about the curriculum, or if the physical environment is not accessible, therefore requiring a unique implementation of the official curriculum. These factors alter the curriculum and create a gap, as Hoadley and Jansen (2009) note, but it means that the curriculum continues to evolve, hopefully for the better. This form of curriculum is very important and as such valued, because it provides a lens to analyse how effective the curriculum is, allowing student and lecturer input

to help shape the curriculum, thus making it more relevant (Hoadley & Jansen, 2009). However, if the gaps mentioned earlier are not addressed, there is also a possibility for the enacted to stray away from the official curriculum and as such might not meet the learning outcomes set out in the official curriculum. Assessments are also done at this level of the curriculum.

Then we have the implicit, which Hoadley and Jansen (2009) explain is further divided into the covert curriculum and hidden curriculum.

The covert curriculum is teaching which is implicit, i.e., not directly suggested but deliberate, either on the part of the educator or the institution of higher learning (Hoadley & Jansen, 2009). This understanding of curriculum is often seen as an enabler to the official and enacted curriculum, like having the right attitude, being a good team player and obedience. It is very desirable but often is not explicit in the official curriculum.

The hidden curriculum is that learning which neither the lecturer nor the student is aware is taking place at institutions of higher learning. Aspects such as sexism, racism and discrimination fall within this category and if lecturers are not taught to be conscious of these forms of learning, it might often lead to negative consequences (Hoadley & Jansen, 2009).

The complexity of curriculum goes further in how it is viewed. Grundy (1987) mentions that curriculum is also viewed as a product, as practice and as praxis. The student is seen as the product of the curriculum but so too is the material product students produce, seen as the product of the curriculum (Grundy, 1987). Materials like a computer software, a mobile phone application, a piece of music or a policy brief.

As practice, curriculum is viewed as the interactions between lecturers and students, which is similar to the enacted curriculum because their interaction often depicts the implementation of the curriculum (Grundy, 1987).

Curriculum as praxis is much broader than the other views and forms of curriculum mentioned. Grundy (1987) says that elements of curriculum as praxis are action and reflection. Therefore curriculum as praxis encompasses the official curriculum, the enacted curriculum, the hidden and the implicit because it is an active process where the planning of the curriculum, the

implementation, and the evaluation through reflective feedback are all related and integrated (Grundy, 1987). This gives a more comprehensive view of the curriculum. Therefore, this study is not focussing on one particular curriculum or view of curriculum or form of curriculum as mentioned, but is looking at undergraduate curriculum across programmes. In this light, this study adopts curriculum as praxis because the different views or forms of curriculum stated earlier are all essential elements of the curriculum and as such areas that need to be considered in the inclusion of disability issues into undergraduate curriculum.

In designing the curriculum, Koballa and Crawley (1993) asked what steps should be taken during curriculum development. Where do we begin and what do we focus on?

### 2.6.1 Curriculum Process Framework

Our curriculum framework will follow one proposed by Toohey et al. (1999) below:

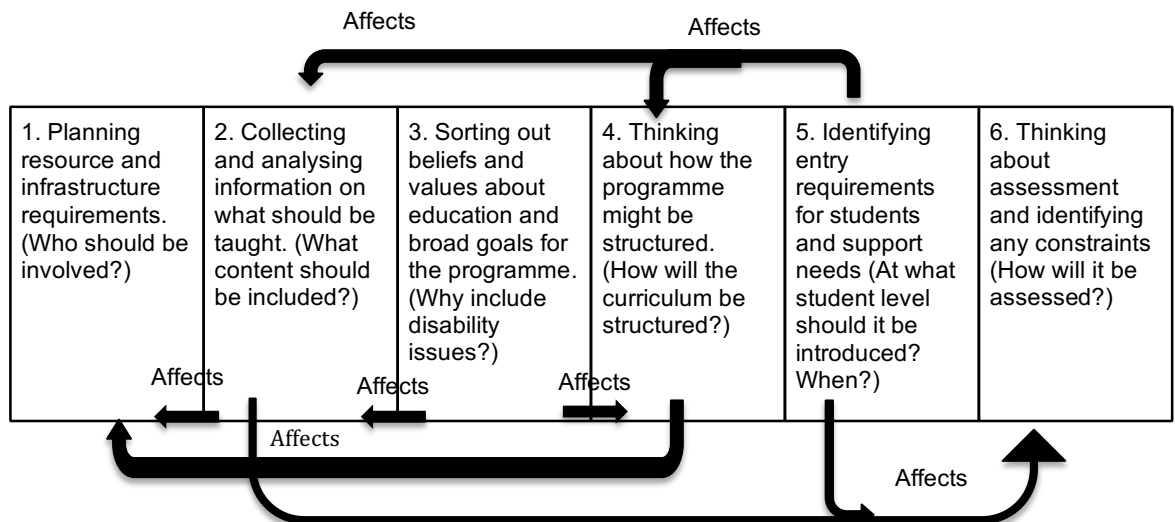


Figure 1: Curriculum Process Framework

Figure 1 shows different processes that happen during the development of a curriculum and the various arrows show how some of the processes affect other processes.

These processes are further explained below:



1. The first process, planning resource and infrastructure requirements, is very crucial. Ohajunwa's (2012) and similar studies revealed a lack of support structures and resources for the inclusion of disability issues into undergraduate curricula. Who should be involved in the curriculum development is also decided here as part of the resource and support.

The framework then shows that the fourth process, thinking about how curricula will be structured, affects who is involved. It also shows that the second process of what content should be included affects who should be involved. The kind of content to be included will require people who can introduce teaching and assessment methods that facilitate change in the curriculum.

2. The knowledge, skills, attitudes which need to be developed through the curriculum falls under the second process where a decision is made on what information is to be taught (Toohey, 1999). This stage considers the content, to be included in the curriculum.

The framework shows the reason why a discipline would include disability issues (the 3rd process) which affect or determine what content would be included. For this reason, disciplines would need to understand why they need to include disability issues.

The framework then shows that the second process, the content, affects the decision on the assessment and teaching methods (6th process) to be used. Once the content is known, appropriate teaching and assessment methods can then be considered.

The content to be included is also affected by the entry requirements, support needs and level (5th process) of students; because the content should be pitched at the appropriate student level with the right support and entry requirements. The level reflects when the curriculum should be introduced.

3. Changing beliefs and values about education and setting broad goals for the programmes (3rd process) is where the undergraduate departments at UCT will need to explore the intersection of their disciplines with disability issues. Will the departments' current beliefs and values welcome the inclusion of

disability issues in an inclusive manner (Toohey et al., 1999)? They would therefore need to ascertain why they actually want to include disability issues in their undergraduate curricula as it will affect and shape the kind of content to be included. At this stage, the recognition of the values that the inclusion of disability issues brings will influence why it should be embedded into the curriculum.

4. Thinking about how the curriculum will be structured looks at how it will cater to different learning styles in order to facilitate change in students. This structure affects the “who” is involved because it is important to have the right people at the right place within the curriculum structure. The reason for including disability issues – the “why” – will affect the structure because it should reflect why disability issues are embedded into an undergraduate curriculum. The level at which the curriculum is pitched, that is “when” it is pitched, also affects the structure of the curriculum.
5. Identifying entry requirements for students and support needs is also a crucial stage because it signifies the level (first, second or third year) at which the curriculum is pitched. With the level, the curriculum can ascertain the right support needed to accommodate students’ different learning styles. What skills does the curriculum assume on the part of the students (Toohey et al., 1999)? What support in language, academic writing, impairment and many other needs will be provided? What support will be provided for students from disadvantaged backgrounds, from different ethnicities, and for students whose first language is not English, and so forth?

In identifying the level at which students are to be accepted, the curriculum signifies when students can start the programme; whether the curriculum will be introduced at different levels or throughout undergraduate study.

This affects the content to be taught as the level of students determines what content is to be taught. It also affects the teaching and assessment methods to be chosen as they have to be tailored to the level of students.

6. Thinking about assessment and teaching methods, and also identifying any constraints, are determined and affected by the content to be taught. The teaching and assessment methods have to be able to respond to the diversity of students.

It is important to note, as Toohey et al. (1999) observed, that each of these processes has to be revisited on more than one occasion until they are defined more precisely. However, it should not stop there: it will provide a template which should be improved upon all the time, reflecting and responding to the nature of the students, the institution and the society.

## 2.7 Conceptual Framework

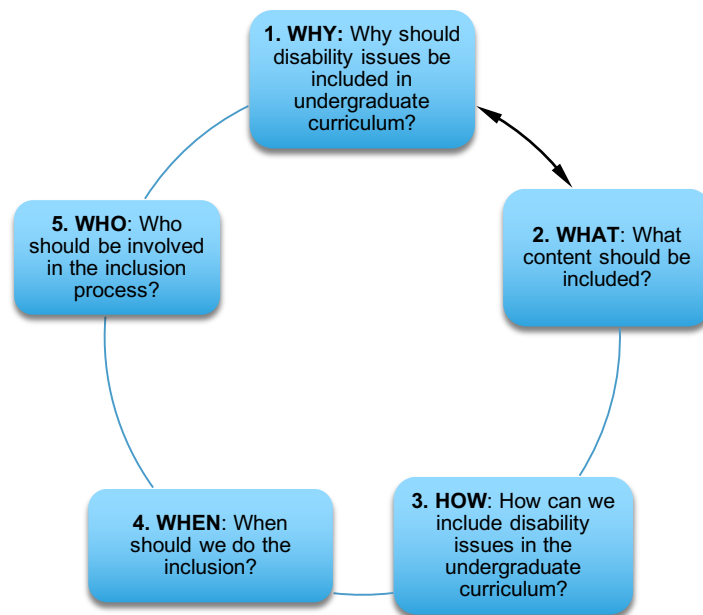


Figure 2: Conceptual Framework. A process to facilitate inclusion of disability issues into undergraduate curricula

The conceptual framework of this study is derived from the curriculum process framework in section 2.6.1 above. It depicts a process, integrative in nature in facilitating the inclusion of disability issues into the undergraduate curriculum. It starts from determining the reason why disability issues should be included into the undergraduate curriculum, then considers the inclusion of the appropriate disability issues, the content, taking into consideration the context of the discipline implementing the inclusion in order to encourage a transformation in the curriculum. The conceptual framework is, therefore, choosing the right disability issues, at the right time with the right people to help bring about a transformation in undergraduate curricula. This study is interested in how these issues can be incorporated into undergraduate

curricula in order to achieve transformation. An example was given by Pisha and Coyne (2001) of how, by the inclusion of a disability issue into the architectural curriculum, i.e., the curb-cut originally designed for wheelchair users, benefited people with no perceptible disability: people such as parents with strollers, cyclists, delivery people, and even skateboarders.

## **2.8 Conclusion**

This literature review considered the two main models of disability, namely the medical model and social model and went on to conclude that both models, when integrated, give a better picture of a person with a disability compared to two separate models. It also showed strategies used by international institutions to include disability issues into their curricula. The literature then highlighted that although other South African universities have been concerned about the inclusion of students with disabilities, the University of Cape Town has begun to think further on how to include disability issues into undergraduate curricula, and to do this the literature proposed the use of the curriculum framework by Toohey et al. (1999). This framework influenced the conceptual framework of the study.

## **CHAPTER THREE**

### **METHODOLOGY**

#### **3.1 Introduction**

This chapter details this study's research methodology. I begin with the chosen research design and then the research process. The participants and their recruitment, inclusion and exclusion criteria are described. The data gathering methods and the procedures used are presented. The data management is described and how it was analysed using thematic analysis. I detail my inductive approach to identify themes and patterns. This chapter ends with ethical considerations and their application.

#### **3.2 The Research Design**

In this study, the question is how disability issues can be included in undergraduate curricula at UCT. Therefore, a qualitative case study design is best suited and relevant as it is exploratory in nature and asks in-depth questions on the topic (Yin, 2009). The case under study is a bounded one: the University of Cape Town's undergraduate curriculum. The site is at the University of Cape Town, 2010 – 2016. The case study relied on multiple sources of evidence using focus group discussions, individual in-depth interviews, document reviews and reflectivity (Yin, 2009). It is a single-case embedded design because it involves a single institution and is embedded because this study uses undergraduate curriculum developers, lecturers, disability experts at UCT, with disabled and students without disabilities as subunits or embedded units to inform the study (Yin, 2009).

#### **3.3 Theoretical Framework**

This study drew upon the universal instructional design framework, a derivative of universal design from the architectural discipline which caters to the access needs of the broadest possible range of users in an architectural setting (Pisha & Coyne, 2001).

Universal instructional design is about having multiple teaching, learning and assessment methods to meet different learning styles of any student (Higbee, 2003). Therefore it might often times deviate from traditional ways

of teaching and learning and as such can offer alternative ways to the inclusion of disability issues into undergraduate curriculum. It can help facilitate how we include disability issues.

### **3.4 Participants and Inclusion Criteria**

The participants of this study were selected using purposeful sampling so as to involve those who might best provide answers and insights to the research question (Savin-Baden & Major, 2013). The sample therefore consisted of:

Disability experts: Lecturers and staff who are considered to be experts in disability studies, as revealed through their years of teaching and/or track record of research on disability issues at UCT. Also included were participants with lived experience of disability. These were academics with expertise in disability and persons with disability with their experience as people living with a disability. Thirteen disability experts were recruited.

Lecturers: These were selected because they already had practical examples and experience with disability inclusion practices at under- and post-graduate level. Some were lecturers who had already indicated in Ohajunwa's (2012) study that they were including disability issues in their curricula. Four lecturers were recruited.

Curriculum Developers are those who create and guide curriculum design. They were selected to discuss good teaching and assessment methods that will deliver the content of the curriculum. Three curriculum developers were recruited.

Students with disabilities with diagnosed impairments registered with the Disability Unit at UCT. They were selected because of their personal and deeper experience of disability. Three students with disabilities were recruited.

Students Without Disabilities attending undergraduate classes that already included disability issues in the curriculum (as identified by Ohajunwa's (2012) study). They were selected to highlight whether their awareness of disability issues has increased since taking courses with embedded disability issues at UCT. Toohey et al. (1999) mentioned that students should be

included as their advice would be helpful in designing higher education courses. I was able to recruit four students without disabilities for the study.

### **3.5 Exclusion Criteria**

The following criteria were used to exclude participants from the study:

1. Lecturers who were not including any form of disability issues in curricula at UCT.
2. Lecturers from other universities.
3. Students without disabilities not taking any lectures that already include disability issues in curricula at undergraduate level.

### **3.6 Data Gathering Methods**

The methods for data gathering were by means of focus group sessions, individual in-depth interviews, document analysis and a reflective journal.

#### **3.6.1 Focus Group Discussions**

Focus group discussion is useful as a data-gathering method because it can provide insights on multiple, different views and capture the dynamics of group interaction (Litosseliti, 2003). Since this study is about trying to answer a question about how disability issues can be included in undergraduate curricula, a focus group discussion was chosen because, as Litosseliti (2003) noted, it helps assess the development of a programme and its activities.

This data collection method has been used for similar studies such as brainstorming and generating ideas from different angles of a problem (Litosseliti, 2003). The problem in this research is a lack of knowledge of how disability issues can be included in undergraduate curricula.

The semi-structured format of the focus group session allowed for the emergence of issues not originally foreseen by the researcher that will help generate ideas that can later be structured into guidelines that support how disability issues can be included in the development of the curriculum (Fife, 2005).

### 3.6.2 In-Depth Interviews

In-depth interviews were chosen as a second method of data gathering because of the ability to probe deeper into the research question. In-depth interviews are suitable when there is a research question that cannot be answered simply or briefly, and where participants would need to explain their responses or give more examples (Rubin & Rubin, 2005).

Because an in-depth interview is able to move both the researcher and the interviewee from strangers to acquaintances – whereby the interviewee feels comfortable to share – an in-depth interview was chosen to allow for deeper meanings to surface which the research might not otherwise get from the focus group discussions.

From the main questions which facilitate the conversation by covering the overall subject, to the probes which allow for more depth and detail, and finally the follow-ups which encourage the interviewee to expand on their views, the in-depth interview allows the researcher to explore participants' contributions to draw out deeper meanings (Rubin & Rubin, 2005). Therefore, the in-depth interview was chosen as another data gathering method, not only because it allows depth, but also because it is suitable for qualitative case study research.

### 3.6.3 Document Analysis

Document analysis was chosen as one of the data-gathering methods because of the need to analyse previous research from Ohajunwa's (2012) study which this study builds on. Document analysis supports other data-gathering methods like the focus group and in-depth interview methods used in this study. It provides a way of getting a sense of the case, its different parts and history (Rule & John, 2011). Our case is the University of Cape Town's undergraduate curriculum, so the sense of the case provided by the document analysis prompted questions which were later pursued in the focus group and in-depth interview methods. It allowed for a certain familiarity with the case to determine the nature of the gaps from previous research.



#### 3.6.4 Reflective Journal

Reflectivity acknowledges the researcher's role in conducting the research (Rule & John, 2011) and ensures that researcher bias is minimized. Reflections about what the researcher is learning as the research progresses help to ensure the quality of the case study. This data-gathering method was used to ensure the researcher was aware of his views and how they influenced the research process, thus limiting this influence.

### 3.7 Procedure

#### 3.7.1 Recruitment of Participants

The first focus group was a pilot consisting of disability experts. After sending the invitation to them via email, five indicated interest in participating in the focus group session. I then sent them personalised follow-up invitations with details of date, time and venue for the session (Litosseliti, 2003).

Participants in the second focus group session consisted of lecturers and curriculum developers. They were recruited in the same way as the first focus group members. Out of those invited, seven indicated interest in participating. Four participated in the focus group session and three partook in an in-depth interview.

Participants of the third and fourth focus group sessions consisted of disability experts and were recruited in a like manner. Out of those invited, eight indicated interest in participating.

Participants for the fifth focus group session were students without disabilities. I sent an email to the Student Representative Council (SRC) at UCT asking them to recruit students from the six Faculties at UCT who were taking courses that currently included disability issues in their curricula, as sampled by Ohajunwa's (2012) study. In the email, I explained the purpose of the study. Four students indicated interest and all four partook in the focus group session.

Using UCT Disability Services, I sent an email to all students with disabilities at UCT. Only three indicated interest at different times and different dates. Therefore I had in-depth interviews with them rather than a focus group session.

The following procedure guided the data-gathering process:

### 3.7.2 Focus Group Interviews

Five focus group sessions lasting an hour to an hour-and-a-half were completed. The first focus group session was with curriculum developers and lecturers who already included disability issues in their curricula. The second, third and fourth sessions were with disability experts. The fifth was with students without disabilities. During the focus group sessions, the researcher introduced the topic of the research and its purpose. The researcher then informed participants why they were selected, how long the session would last and some ground rules for participation (Litosseliti, 2003). We then proceeded with the leading questions (see Appendices 1 and 2). These questions served as guidelines only, and as such, the research did not strictly adhere to them; consequently the sessions took their own form. The focus group sessions were audio recorded with consent from the participants. The researcher took notes during both sessions to capture deeper meanings from participant responses. After reviewing the session's data the researcher did not deem it necessary to invite selected participants from the focus group discussion to participate in an in-depth interview as their contribution was sufficient for the research analysis. However, in-depth interviews occurred with participants who could not attend the focus group sessions. Data from the sessions were transcribed verbatim for analysis and an information sheet explained to the participants how the data were to be used.

The fifth focus group session was undertaken with four students without disabilities at UCT using leading questions, (see Appendix 3), and conducted in the same way as the previous focus group sessions. The researcher informed students that their responses were totally anonymous with no way to identify them through their responses. The researcher also informed the participants of this group that some of them would be invited for a follow up in-depth interview.

The venue for the focus group sessions was at the Department of Health and Rehabilitation Sciences, at the Old Main Building, Groote Schuur Hospital.

### 3.7.3 In-Depth Interviews

For participants who could not attend the focus group sessions, in-depth interviews were conducted. The same questions that were used for the focus group sessions were used for the in-depth interviews.

The interview sessions were audio recorded with consent from the participants. Questions were framed as open-ended. The researcher probed participants to elaborate further when something new or interesting was said that spoke to the research question, until a level of depth and saturation was achieved (Rubin & Rubin, 2005). The interviews were done in English.

The venues for the in-depth interviews were at participants' homes and the University of Cape Town.

### 3.7.4 Document Analysis

Detailed reading of the data from Ohajunwa's (2012), Ohajunwa and McKenzie's (2013), and Ohajunwa et al.'s (2014) studies and various policies at UCT was undertaken before the focus group sessions and in-depth interviews in order to highlight areas for discussion. The researcher investigated the following areas:

- a. What disability inclusive practices are already taking place in curricula at UCT?
- b. Is there a framework that guides these practices and what challenges are being experienced with those currently including disability into curricula at UCT?
- c. What issues are focused upon with the current inclusion, what content, teaching and assessment methods are being currently used?
- d. What policies at UCT speak to the inclusion of disability issues?

Given that we are looking at curricula across the university, the document analysis will not explore a specific curriculum from a faculty, but rather the undergraduate curriculum in general across programmes.

### 3.7.5 Reflective Journal

A record of the researcher's personal reflections, thoughts, decisions and observations throughout the research process was documented and included documentation from the focus group sessions and in-depth interviews.

### 3.8 Data Management

The Focus group sessions and in-depth interview data were captured on two voice recorders and a cell phone. Data from documents analysed was integrated directly into the study. All data were saved on a computer and a backup of data were done on Google online drive and on a flash drive which was stored away safely. Data were kept confidential as no other person had access to the data except when data were sent back to participants for member checking. This was done via email correspondence.

The transcribed data were used for the analysis to draw out the content for the results chapter.

### 3.9 Data Analysis

Thematic analysis was used to analyse the data from focus group sessions, in-depth interviews, document analysis and reflective journal in relation to the aims of this study. By using four methods to gather data, thematic analysis is characterised, not as a specific method, but as a tool across different methods (Boyat cited in Braun & Clarke, 2006). It is therefore a method to locate, organise and describe patterns within data in rich detail in order to identify and report identified themes (Braun & Clarke, 2006).

Data were analysed using an inductive approach (Braun & Clarke, 2006). The themes were data driven. Familiarity with data were the first step of the analysis and was an on-going process throughout the research. Data from the focus group sessions, in-depth interviews, and document analysis were read and re-read for common themes related to inclusion of disability issues in curricula. The reflective notes were used to make sure the emergent themes were strictly from what the data said and not from the researcher's perceptions. Since the researcher moderated the focus group sessions, conducted the interviews, carried out the document analysis and also wrote up the reflective journal, a close familiarity with data was established.

However, because the researcher is a student without disabilities, and coming from an information technology background, this might have prevented him from detecting nuances that emerged from the data. Member checking from participants that the meaning of their feedback was correctly captured hopefully reduced this possibility. Also being a staff member invested in the Disability Studies Division might have presented minimal bias in the researcher's effort to contribute to the body of knowledge of an inclusive undergraduate curriculum. The transcription of interviews and focus group data contributed in gaining initial insights into the data. The second stage of analysis was to generate initial codes from data across the bodies of data generated by the four methods to identify patterns such as similarities and differences that are interesting (Rule & John, 2011). The third stage focused the analysis in a broader level of themes (Braun & Clarke, 2006). Nvivo software for an Apple Mac computer was used to sort the codes into sub-themes or categories. The fourth stage was to identify candidate themes that emerged across the data sources used. The fifth stage was to review the themes and then finally define and name them. They were the themes that spoke to the research topic and questions. The final stage was to then interpret and discuss the themes.

The data from various data sources was used to triangulate findings from the different methods but also to highlight contradictions or departures of findings from the different methods (Rule & John, 2011).

### **3.10 Trustworthiness and Rigor**

To establish trustworthiness and rigor of this research, qualitative methods of establishing research rigor, i.e. credibility, confirmability, dependability and transferability, were applied. To achieve credibility, the researcher used member checking to get feedback from the participants to ensure the researcher's interpretations were accurate. Participant feedback served as an excellent balance between what the participants say and what the researcher interpreted to achieve trustworthiness (Williams & Morrow, 2009). All participants who replied to the confirmation of their contribution to the research were in agreement that their voices and the meaning of what they said were captured well by the researcher. The minor changes returned were

only from one participant and were mostly grammatical. The researcher used methodological triangulation from multiple methods to establish the validity of the study (Guion, 2002). To achieve this, the themes generated from the research were sent to participants to review, to see if the same themes were identified, and a reflective journal to note reflections of the researcher was maintained.

To ensure confirmability of the study, the reflective notes and peer review was used to confirm the emergent themes of the study data. The peer review was done with my supervisor and co-supervisor. The researcher identified as clearly as possible what came from the participants of the study and what came from the researcher (Williams & Morrow, 2009). In order to address the dependability and transferability of this research, the researcher kept an audit trail of the research design through a record of documents, which proved that the study was implemented according to the research plan so that it may be verified by an external source. Areas that deviated from what was originally planned was, as mentioned earlier, the in-depth interviews with participants who could not make the focus group sessions. It was originally planned for the in-depth interview to happen if more clarification was needed from any of the focus group sessions.

### **3.11 Ethical Considerations**

Ethical approval was sought from the University of Cape Town's Faculty of Health Sciences Human Research Ethics Committee (UCT FHS HREC) and adhered to the Ethical Principles for Medical Research Involving Human Subjects (World Medical Association, 2016). Participants signed a consent form, giving their permission for the focus group sessions and in-depth interviews to be audio taped. The study was done on a voluntary basis and participants were made aware that they were free to withdraw without prejudice from the focus group sessions or in-depth interviews if at any stage they felt uncomfortable continuing. For UCT staff recruitment, permission was obtained from the Executive Director of Human Resources and permission was obtained from the Executive Director of Student Affairs for student recruitment. The ethical approval letter is attached in the Appendices section.

### **3.12 Confidentiality**

Participants were given an information sheet which informed them that anonymity will be maintained through the use of pseudonyms and that data collected from their discussions cannot be traced back to any of them as the study will remove all forms of identification when writing up the results. The information sheet also explained what the data would be used for.

Denscombe (2010) noted that establishing a climate of trust among the group members often shows how successful a focus group session can be. Group members need to be assured that if they express personal feelings, that this will remain confidential and that other members will not disclose this to the public. The group members agreed to treat the discussions as confidential. The researcher ensured that this was stated at the beginning and end of the sessions and also in the information sheet.

### **3.13 Non-maleficence**

This study caused no harm to the participants. Questions of a sensitive nature were avoided. Since there were no sensitive questions to the participants, there was no need to have a de-briefing session afterwards.

### **3.14 Beneficence**

The research was not of direct benefit to the participants but hoped to influence the development of an inclusive undergraduate curriculum that raises awareness of disability issues for undergraduate students at UCT.

### **3.15 Justice**

The principle of justice was upheld through a fair selection of participants based on their expertise, relevance and willingness to participate. If any participant was unhappy with the outcome of the research, they could forward their concerns to the supervisor. The findings of the research were to be made available to the participants for member checking.

## CHAPTER FOUR

### RESULTS

#### 4.1 Introduction

This chapter presents the result of the findings of the research framed around the objectives of the research.

In order to answer the research question: “How can we include disability issues in undergraduate curricula?” the results were structured using the curriculum process framework described in Chapter Two. In summary, this framework comprised of knowing why we had to include disability issues, what disability issues content should be included, how the inclusion is to be effected, when it should be done and who should be involved.

#### 4.2 Description of Participants

The participants of the study were selected using purposeful sampling to get those who might best provide answers and insights to the research question.

Figure 3 below gives a picture of the participants of the study:

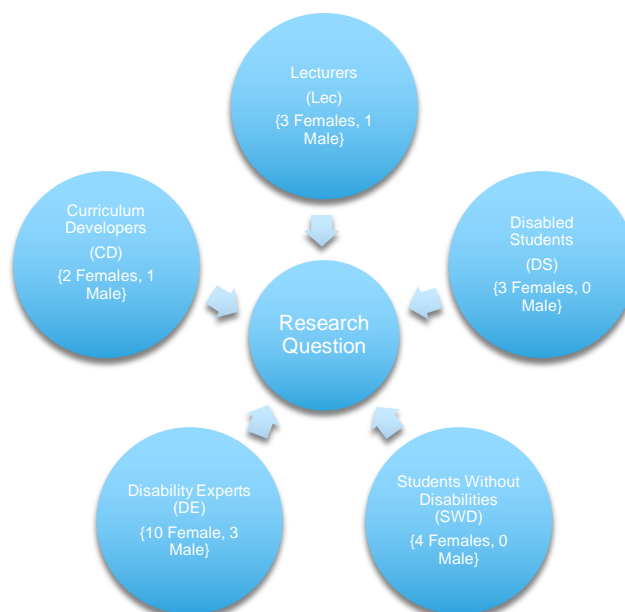


Figure 3: Research Participants

As is evident in Figure 3 above, a total of 27 participants, of which 22 were female and five male, took part in this study, either in the focus group sessions, in-depth interviews or both. Of the 27 participants, 13 were disability experts, from the Department of Health and Rehabilitation Sciences



at UCT, the department of anthropology and sociology at University of the Western Cape, Department of Health Sciences Education at UCT, a quadriplegic lecturer at UCT and his visual impaired assistant and the programme development officer at the Christian Blind Mission Non-governmental organisation. Three were curriculum developers from the Department of Health and Rehabilitation Sciences at UCT, the Educational Development Unit at UCT and the Adult Learning centre of the Higher and Adult Education Studies and Development Unit at UCT. Four were lecturers from the Department of Health and Rehabilitation Sciences at UCT and the Gender, Health and Justice Unit at UCT. Three were students with disabilities from the department of health and rehabilitation sciences, the Faculty of Law and Graduate School of Business in Inclusive Innovation. And finally, four were students without disabilities all from the department of health and rehabilitation sciences. The researcher reflected on why only three persons with disability were interested in the study, and why fewer men were interested than women.

The themes that emerged are:

1. Achieving Transformation through Curriculum Change.
2. Build and Design the Curriculum for Diversity.
3. Creating a Community of Practice.
4. Translating Talk into Action.

### 4.3 Achieving Transformation through Curriculum Change

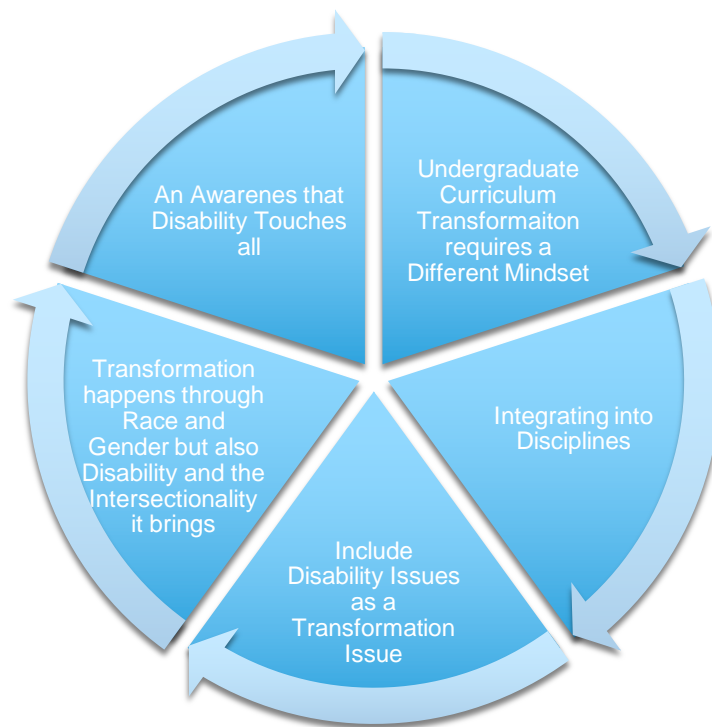


Figure 4: Theme 1 - Achieving Transformation through Curriculum Change Categories

The first theme that emerged from this study was achieving transformation through curriculum change. In this theme, participants said that change may come from the inclusion of disability issues. However, before speaking about how a discipline in a university can include disability issues in undergraduate curricula, participants said that the discipline has to first think about why it actually needs to include disability issues. So what is the rationale for including disability issues into undergraduate curricula? This theme spoke more to the “why” of the curriculum process framework:

*...if I just ask myself, why do we need to use that thinking of including disability in the curriculum, you know, the graduate curriculum? I just felt that there has to be a rationale in the first place... – CD1*

However, thinking of the rationale requires a different way of thinking. Participants said it requires deep thinking, a mind-shift on why disability

issues should be included at all because without that, the inclusion will not be meaningful.

#### 4.3.1 Undergraduate Curriculum Transformation Requires a Different Mind-set

There is a different way of thinking that is required for disciplines to include disability issues. One of the disability experts explained this below:

*I think what everybody's saying, in a way, that the disability inclusion is not about kind of a particular content that's out there that you put in, it's actually about getting people to think differently about things. – DE1*

That thinking differently or mind-shift is what participants said would enable undergraduate disciplines to identify what aspect of their curriculum would touch disability. Where such a link exists, they can then integrate disability issues into their curriculum:

*I would say that what they have to do in terms of their curriculum, they have to see wherever their curriculum touches on anything that would touch disability, that they need to accommodate that. – LEC3*

The same mind-shift is necessary at university to make a change because, as one of the lecturers put it, hard science is currently considered more important at universities than soft science and disability issues are considered to be a soft science:

*Unless something is hard science, because I think the things we are speaking about would be considered like soft science, they are not given the same priority. - LEC2*

As an example, in a health sciences discipline, there is a hierarchy of what is deemed important, and here again, soft sciences are given less priority:

*There is a hierarchy of what is deemed important knowledge and unimportant knowledge, you know. Surgery is on top of the hierarchy. The soft sciences are somewhere further down. – CD3*

But soft sciences are those that give us our humanity. As one of the participants said, it's what makes us humane, because ultimately, whether hard or soft science, we deal with human beings. So participants are raising awareness on how hard science is considered more important than soft sciences and are saying a mind-shift needs to occur to rethink this:

*What's the purpose of that skill? Is it to make me a glorified technician? You know, I have all the techniques, experts that can take all the measurements...am a good scientist. But when it comes to the soft, humane things, you know, it's secondary. The skill is necessary, but for goodness sake, you are dealing with human beings. I think it's just that mind-shift. – CD1*

If soft science is not valued, then jobs that are a product of the soft sciences are equally not valued, like the job of a community worker. One of the students with disabilities said that this is the result of a capitalist society which puts value over meaningless things, marginalising jobs that come from the soft sciences:

*And also the sad thing is often those community workers are the worst paid, and people don't recognise their work. It's so sad that this capitalist society puts so much emphasis on meaningless stuff and those people get paid so much. – DS2*

As a result, in universities, soft skills like attitudes and professional behaviour are valued much less:

*I think so far, a lot of emphasis is based on knowledge and on skills, but there's definitely much, much less on attitudes. And I think much less on adequate professional behaviour, as well. - CD3*

Therefore, in the skills taught to undergraduate students when considering disability issues or the interaction with any marginalised groups, it is hoped that students get to acquire and strengthen soft skills such as attitudes, power dynamics and sensitivity to the social context of the person they are engaged with:

*One, we teach them the skills to provide care for marginalised groups; what we also, hopefully, teach them is an attitude. It's a way*

*of interacting with marginalised groups that takes into account the specific social context, the specific needs, but it also takes into account the interaction between the student doctor and the patient. And, you know, the range of power and, you know, and unequal power relationships that exist in that relationship. – CD3*

Some academics at UCT have started doing this; however, from beyond the “if” to the “how”, disability inclusion in higher education case study document analysis emphasises that the manner in which disability issues are included in the curriculum is often influenced by the understanding one has about disability (Ohajunwa & McKenzie, 2013). In other words, the nature of the discipline influences *how* disability issues are included.

Further, the study shows some of those efforts made by various departments at UCT to include disability issues and highlight these soft skills. This suggests seeing things differently; the mind-shift participants referred to earlier.

#### 4.3.2 Integrating Into Disciplines

For example, the Department of Mathematics could link to disability issues through the issue of disability and difference using the numbers one and zero:

*...even a subject like Mathematics. There're outliers in maths, okay, which are different. So the two most beautiful numbers in maths are what? Probably none of you know it. They are 0 and 1. Why? Because they don't behave like any other number in Mathematics, okay. So they're different. The only thing times, I mean, 0 times anything is always 0. There's no other number that does that. So there's all sorts of, in every subject there's things that don't fit the norm. There're things that are different and we need to get students to understand this, okay. – LEC1*

The African Gender Institute at UCT included disability issues with an understanding that disability issues were issues of diversity intersecting with gender (their disciplinary area of focus), so they linked them by seeing it as an issue of diversity. The Department of Social Development included

disability issues as one of development by teaching on mental illness and its impact on families, in other words, how the impact of mental illness affects family development (Ohajunwa & McKenzie, 2013).

The Department of Psychology linked disability issues through focusing on intellectual disability by looking at the impact that lack of resources had on persons with disability (Ohajunwa & McKenzie, 2013). The Department of Dance made its own link to disability issues by “*focusing on capacity and ability of the body, rather than disability and incapacity*” (Ohajunwa & McKenzie, 2013). The Computer Science Department linked to disability issues through

*...research being done in collaboration with the Deaf community on how computer technology could enhance communication for Deaf people. (Ohajunwa & McKenzie: 2013)*

And, from the Faculty of Law, a link could be an analysis of the Constitution or an equity policy from a disability perspective:

*That’s a good idea, because maybe let’s take the Law example. It’s like getting the Law students to analyse the Constitution from a disability perspective, or policy or an equity policy... – DE1*

#### 4.3.3 Include Disability Issues as a Transformation Issue

With the examples above, these disciplines are making the gradual mind-shift. This mind-shift will hopefully make it easier for curriculum developers to see why, as participants suggested, disability issues should be included in undergraduate curricula as a transformation issue. Therefore, the first reason to include disability issues as a transformation issue is because it changes society:

*So for me I think if you frame it in higher education, they might want to see it as a transformation issue, so disability as something that changes society in one way of how we change society. - DE4*

A vehicle for that change in the university is through the curriculum, because the curriculum is seen as a big change agent in the university:

*So I think if curriculum experts can think about it as a transformation issue, that if we want to change society, curriculum is one way to do it... So, for me, a space in the curriculum is probably one of the big change agents in general because universities are institutional, they're powerful. – DE4*

So as soon as you start including it as a transformation issue, it opens up spaces for different ways of thinking that are valuable to the graduate attributes of UCT, as it creates critical citizens out of the students:

*As soon as you start grappling with the disability thing and the nature of a disabling society, you open up spaces for different kinds and ways of thinking, which are actually very valuable in terms of graduate attributes, because it's making critical citizens. – DE1*

However, one of the lecturers cautioned that for disability issues to be included as a transformation issue, it meant that all staff at the university need to be on the same page in terms of what transformation is in order not to lose the students:

*...it means that all your staff have to be on the same page and everyone has to be thinking about transformation in this way, otherwise we lose students along the way. – LEC2*

The university staff must be on the same page because at present, as soon as you speak of transformation on campus, people immediately switch off:

*As soon as you talk transformation, sad to say, but there's a lot of people on campus who immediately just switch off. – LEC1*

They switch off because, as one of the curriculum developers put it, transformation is not sexy and therefore needs a different conceptualisation:

*Transformation is not sexy. It needs a new, it needs a different conceptualisation. – CD2*

So here participants are saying that staff at the university have to be on the same page about transformation otherwise it might derail the inclusion of disability issues into undergraduate curricula as a transformation issue.

Next, participants said that disability issues will engender transformation in the same way as race and gender have done. Thus, another reason to include disability issues in undergraduate curricula.

#### 4.3.4 Transformation Happens Through Race and Gender but also Through Disability and the Intersectionality it Brings

The second reason why participants said the inclusion of disability issues would help achieve transformation through curriculum change was that it falls within the same lines as race and gender which society transforms upon: a part of inclusive togetherness. The disability expert said that if we do not transform on disability issues as we do with race and gender, we are left battling our own prejudices:

*...so you know, if we take it along the same lines as gender, race, whatever, our society needs to transform. And if we don't transform on this issue too, it still leaves us as a society battling with our own prejudices... – DE4*

It will help students understand how disability makes men and women vulnerable to domestic and gender-based violence for instance, therefore the intersection of disability and gender:

*...I think that students need to have an understanding of, is how disability, broadly, makes women and men and children vulnerable to gender-based violence, to sexual victimisation, to domestic violence, because it's something I think we don't really have a nuanced understanding of... – LEC4*

With a marginalised group like disabled people, there are often broader factors beyond the intersection of disability and gender, like the intersection of social, economic and sexuality contexts:

*And that takes into account their social context, their economic context, a range of things that come with it, right, that talks about sexuality for people living with disability. – CD3*

An understanding of the intersectionality of disability issues with other transformation issues enables students to interact with people on a level that



takes these intersecting issues – or what the participant called complex identities – into full account:

*I think that's absolutely vital if you want to educate health professionals that don't only provide a service, but are actually able to interact with people on a level that takes people's very complex identities into full account. – CD3*

It empowers graduating students at UCT to have an open mind that is sensitive to the intersection of these issues, thereby helping to achieve transformation through curriculum change:

*I think that every student should leave UCT open minded. I think they should leave UCT sensitive to all the power dynamics and diversity, not only disability, but race, gender. – DS2*

#### 4.3.5 An Awareness that Disability Touches Us All

The third reason given why the inclusion of disability issues helps in achieving transformation was that it brings an understanding that, in one way or another, we experience different levels of disability. Any person can be disabled which gives us insight into what it feels to be disabled. Therefore, disability issues actually touch every single person so an awareness of it through the curriculum has numerous benefits:

*So, if I have a blinding headache, I'm disabled for that period. I'm disabled in that I cannot read certain things without technology of some sort and so on... So my view is that disability is something that touches every single person. And it touches every single person from an early age. So, I've adopted the view, or I have the understanding, that we're all disabled at various times. – LEC1*

Another example of how disability affects us all was that, as we get older, we would experience some physical limitation in one form or another:

*...from childhood right through, it affects all of us, and as you are getting older, there's one form of physical limitation or other limitations that will come in. – CD1*

This view made sense to me the researcher, re-affirming the importance of the research question because it made me reflect how I as a human being might experience one limitation or another when growing old. Awareness of this might cause people to make better changes in future.

Things that are developed for persons with disability are mostly useful and used by everyone. For example, the computer mouse:

*And also the fact that a lot of the technological developments were started initially for so-called disabled people. So the mouse was for people who couldn't type, and now everybody, whether they're abled or...continue to use the mouse. – Lec1*

Ramps made for persons with disability are used by mothers who have prams, people shopping with trolleys, and the elderly:

*...example he gave, was the pavements which were like that and now people have made them ramps, which was for disabled people, but mothers who have prams find that very useful. Or people with shopping trolleys find that very useful. People who are elderly find it useful. – Lec1*

These examples show the benefits of the universal design framework used from the architectural discipline mentioned in Chapter Three. However, since we are speaking about undergraduate curricula, the universal instructional design framework is used as our theoretical framework because it speaks to and promotes a curriculum that caters for all learning styles in order to bring about transformation in the curriculum.

Participants have given some examples, among other reasons, why disability issues should be included in undergraduate curricula; that it requires a different mind-set, and that it should be included as a transformation issue. In the next theme, they spoke about designing the undergraduate curriculum so that it responds to diversity.

#### 4.4 Build and Design the Curriculum for Diversity

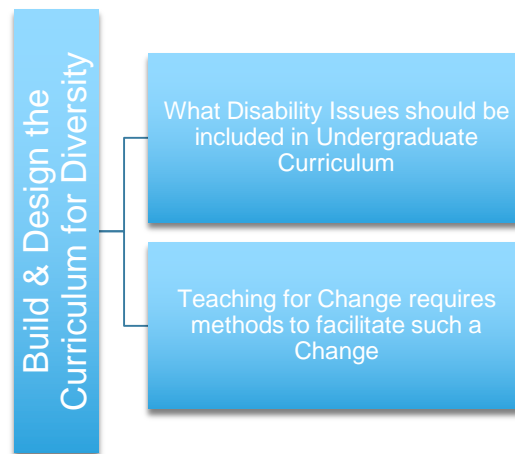


Figure 5: Theme 2 – Build and Design the Curriculum for Diversity Categories

To build and design an undergraduate curriculum for diversity, such as one embedded with disability issues, participants said teaching and assessment methods that facilitate change are required. They listed some important disability issues which needed to be included into undergraduate curricula; the teaching and assessment methods; and finally, that the inclusion needed to happen at all undergraduate levels. This theme spoke more to the “how”, “what” and “who” of the curriculum process framework where participants discussed the content to be included, who should be involved and ways to include disability issues by adapting teaching and assessment methods.

#### 4.4.1 Which Disability Issues Should Be Included in Undergraduate Curricula?



Figure 6: Disability Issues to include in undergraduate curricula

The first disability issue raised by one of the students without disabilities for inclusion in the curriculum was the issue of stigma:

*Well stigma would be one of them. I think that, people do face this barrier... just in everyday life. – SWD2*

People feel that a lot of stigma is attached to disability and a way to overcome this stigma is to have a broadened perspective, similar to the mind-shift another participant spoke of earlier:

*People also feel like there's a lot of stigma attached. If they can take anything away, would just be having broadened perspective on what disability is. – DS1*

The second issue was the concept of disability as diversity. It needs to be added into the curriculum to show that we are all diverse and that persons with disability are just another lens of diversity:

*I think the concept of disability as diversity. I think that needs to be imbued and we all are diverse and people with disabilities are just another lens of diversity, another aspect of it. – DE8*

This diversity enables students we train to know that they will not be interacting with only the so-called normal people in their profession:

*The diversity, so that if we are training an anthropologist, whatever they do, should know that, see, I won't be interacting only with these so-called normal people. – CD1*

The third disability issue participants felt should be included was the issue of disability in relation to difference. To not see the issue of difference as a separate issue but rather integrating it with disability, into the way students make sense of the different areas of knowledge at the university:

*And the one is the issues at the undergraduate level in particular, is thinking about disability in relation to difference, and notions of difference in our society, and not seeing it as a kind of separate issue, but integrating the issue of difference and then disability into the way in which students make sense of different areas of knowledge and everything. – DE1*

Apart from the students seeing disability in relation to difference, including disability issues will also help lecturers to see this difference and how it relates to their discipline. This difference is so prevalent that it can be shown in many situations. For example, a male among groups of females, and in culture, or the height of a person, and religion:

*So, we are all outsiders somewhere, okay. And I mean, on this campus you can give me any human being, and I can put them in a situation where they will be the outsider, okay. I mean, you can, any male you can put in a group of females, and he's an outsider instantly. We can do it with culture, we can do it with religion, we can do it with height, and we can do it with gender. There are hundreds of ways. – LecP2*

The fourth issue to be included in the curriculum was disability and vulnerability, through the gendered nature of disability:

*I think the one issue, if you ask what for me really stands out is, the issue of disability and gender, the gender nature of experiences of disability. – DE7*

How, for instance, a woman is twice disadvantaged if she is disabled:

*...And so the woman is, can I put it as, can I say, twice disadvantaged, for being disabled and being a woman. – DE7*

Making a woman, man, or even a child with a disability vulnerable to gender-based violence:

*...obviously for me in of the core issues I think that students need to have an understanding of is how disability, broadly, makes women and men and children vulnerable to gender-based violence, to sexual victimisation, to domestic violence. – LEC4*

Another area of vulnerability was the issue of disability and poverty:

*And then also looking at the relationship between disability and poverty, those are issues that I think is really right. – DE7*

These were some of the issues participants felt should be included in the curriculum but, in order to understand them, they said it requires presenting disability not only as a model of pathology, but a way of life:

*...but I think what we need to teach is an understanding of disability that almost contradicts the first work they learn, so that looks at disability not only as a model of Pathology, not only as an impairment, but looks at disability as a way of life. – CD3*

#### 4.4.2 Teaching for Change Requires Methods to Facilitate Such a Change

Participants spoke of an active engagement that involves active learning, direct exposure, as well as adapting teaching and assessment methods.

##### 4.4.2.1 Active Engagement in Teaching and Learning

Part of active engagement involves directly exposing students to persons with disability, effective teaching and assessment methods.

To get a picture of what this active engagement could be like; one of the lecturers described it as one that takes the teaching and learning beyond the verbal, into the visual, oral and feeling domains:

*But the, besides that, it also, you need to do things that take it out of the verbal domain. That can take it into the visual domain into the oral domain, into the feeling domain...role play for plays. – LEC3*

In other words, connecting with students in class in an interactive way that facilitates engagement:

*So, I mean, our experience in the class with, you know, engaging students, so it's about that engagement so that they really are interacting with it, rather than people telling them about it. – DE4*

Participants also indicated that the engagement with students happens beyond the classroom through directly exposing students to persons with disability: a direct exposure.

#### *4.4.2.2 Direct Exposure*

One of the students without disabilities said that by directly exposing students to persons with disability, students are able to get that interaction that gives them a point of reference:

*Look, I think actually going to the person instead of being told about them. That you actually go and meet the person. Because then you have that interaction, that point of reference, what they are like a person... – SWD2*

Additionally, it prepares them psychologically to understand the context of where a person with disability is coming from, allowing them to develop a baseline:

*...so it actually prepares you psychologically, ok his coming from a rural area, so, there's already a baseline. – DE11*

Another student without disability reaffirmed this direct exposure, saying that although teaching about disability issues is great, having contact with a person with disability changes your perspective:

*...that's what I was gonna say that teaching about it would be great but I don't think once you have contact with a disability it changes your perspective. – SWD3*

Without this exposure, disability becomes an alien concept which leaves students uncomfortable:

*I think it definitely is the exposure and, if people aren't exposed to people with a disability ever, it's an alien concept and it's uncomfortable. – SWD1*

Participants then advised that the direct exposure should also happen during the curriculum development with the inclusion of people with disability.

#### 4.4.2.3 Including People with Disability in Curriculum Development

In using this theory, one of the students with disabilities emphasized the need to involve the people mostly affected in the conversation, so to include persons with disability in the process:

*So when they are looking at a new curriculum, setting up a new, I think, in anything like, if they can bring the people most affected into the conversation, and together they can discuss it. – DS2*

Also in the teaching:

*And I think it's also important to include people with disability in the teaching to make sure they have a say in this, right, because students are taught about them, about their identities, about the way they live, and it's absolutely important to have them feed into this, right. I mean, you know nothing about us without us. – CD3*

This helps in taking away the “other” in “otherness” and also helps students overcome their potential awkwardness with something perceived as different:

*So I think the real approach would be to invite somebody with a disability who is willing to interact with students, because that's a really good way of taking away the “other” in the otherness. You know, to introduce students to, I think to help students overcome their potential awkwardness or un-comfortability with something that is perceived as very different. – CD3*

For example, if the teaching is about architecture and building design, persons with disability have to be consulted and involved to know what and how the design should be done:



*So for example if one is talking about architecture and building design, then they have to, they have to know what to design and how do they know what to design? They have to ask people with disabilities. – LEC3*

However, when building the curriculum, lecturers should not forget to be cognisant of the different ways students learn:

*So you can be cognisant of... if you're at university, you still learn in different ways, so that we acknowledge it even on how you build your curriculum. – DE5*

With the teaching methods came the assessment methods used in the inclusion of disability issues. One of the disability experts stressed that the visibility of disability issues in undergraduate curricula will depend on its assessment. That it becomes visible and taken seriously when it's assessed:

*Just the one other thing I think, if you're looking at a university curriculum, then, for me, its visibility also is when it's assessed. – DE4*

*So even if we do this, it's like really taken seriously when it's assessed. – DE4*

To help facilitate this active engagement participants spoke next of adaptive teaching methods.

#### 4.4.3 Adaptive Teaching Methods

One of the curriculum developers said a good teaching method would be to encourage students to engage with the material by giving them things to read that they teach each other, what she called the flip classroom:

*...encourage students to really engage with the material by giving them stuff to read that they have to teach each other, using what we call the flip classroom, as a methodology. – CD3*

A flip classroom is also where power relations are flipped. For instance, for medical students, where they respect the embodied knowledge of patients:

*...so that also flips the power relations, so that the student actually starts to really respect the embodied knowledge of the patient – DE10*

Another teaching method was the use of participatory methods which involves experiential teaching:

*The thing is I've always been an adherent of participatory methods for teaching because I believe that the experiential teaching is by far the most effective. And therefore I try and employ a participatory method as much as possible. – LEC3*

Experiential teaching encourages experiential learning where students are made to look into their own personal experiences of what they have seen or think in order to make meaning of it by linking it to their personal experience:

*Another idea in terms of a teaching and learning method is, I think that experiential learning can work particularly well here, where the concepts are conveyed by getting students to look into their own personal experiences when they were there or what have they seen, or what do they think of, or, so that they make meaning of it linking it to a personal experience. – CD2*

Therefore, not just theoretical knowledge, but where students learn by engaging and interacting with the other issues that intersect with disability. Aforementioned issues in the intersection of disability were those of gender, diversity and now, culture:

*They really need to almost have a lived area of experience of disability. So whether it's that they go on a practical based thing where they have to engage and interact with some of these core issues that we've brought up, gender and disability, diversity and disability, culture and disability, they need a lived experience, not just theoretical knowledge on it. – DE8*

Another teaching method beyond the classroom, which would encourage critical engagement, was having students do reflections, as mentioned by one of the students without disabilities. She said they reflect on how an

interaction from a practical experience influenced them and how it influenced the way they engaged with other people:

*...anytime we had an interaction, or anytime we had any practical experience, we had to reflect on it... how it influences us, how that thing influences the way we engage with other people, whether it's stigma, whether it was, there's a whole other different topics that you had to reflect on... – SWD2*

Role playing as another teaching method sticks in your memory because you remember how you felt:

*...we are doing wheelchair mobility, then we had to wheel ourselves around a bit and push some, actually, go around and see, how can you push a wheel chair in a tough terrain and stuff like that...We had crutches, had to go up and down the stairs. Things like that so then you actually are able to identify with the person...and that kind of sticks in your memory because you remember how you felt. – SWD2*

As a teaching method, students can also be exposed to literature through autobiographies and biographies written by a person with a disability:

*I want to add to that, maybe then also exposing students to literature on disability, like autobiographies and biographies written by disabled people would really help their thinking and they would begin to see their ability in the disability process. – DE7*

However, these adaptive teaching methods might be met with resistance from students as they expect to be taught in traditional ways:

*...another important resistance actually is, is the resistance that comes from students who expect to be taught in a certain way, who have a very clear idea of what, you know, an education should be like. – CD3*

But, it's about making sure your teaching methodology allows for variations that accommodates students' different ways of learning:

*What teaching methodologies you're using, that there can be variations so that it can adhere that some who do really badly in big*

*final exams, but might do very well in a more personalised goal setting system. – DE5*

To facilitate the inclusive process, one of the curriculum developers said that disability issues can be included through a constructive alignment. This approach suggests starting from the learning outcomes we want students to have, and placing them as end-capabilities, and assessing them with formative feedback:

*From a curriculum perspective, I think that one can weave it in if we use constructive alignment, which means that you start from the outcomes, or the capabilities or the attitudes, in fact, that you want people to have. And those attitudes and values, as end capabilities, then have to be taught and assessment opportunities have to be brought in with formative feedback. So that whole idea of a curriculum that is aligned... – CD2*

This led to the next section on adapting assessment methods.

#### 4.4.4 Adapting Assessment Methods

Before participant began, one of the lecturers commented that the written form of assessment was currently the dominant form of assessment at the university. She said it excludes and marginalises people who have different creative abilities:

*What I've been doing about assessments more generally and that is that...there are certain methods in universities which dominate. And that is the written, long essay type assessments...which means the people who have different creative abilities are excluded and marginalised. – LEC3*

They are methods and mechanisms we can put in place to create inclusion so students with different creative abilities are not marginalised:

*... they are mechanisms you have to, there are methods and mechanisms that you have to put into place in order to create inclusion. – Lec3*

Table 1 below gives some of the methods mentioned by participants:

Table 1

*Examples of how to adapt assessment methods*

No	Assessment method to adapt	Participant examples
1	Assessing interaction with a client.	<i>"For instance, if the assessment format is that a student has to demonstrate an interaction with a client where there are values of respect, inclusivity, where the power issues are managed so that it's more equal, then the assessment event has to be an observation, the examiner observing the patient." – CD2</i>
2	Assessing attitude	<i>"So we have to assume that the attitude will be something that's difficult to measure, but that's where the feedback part will come back to, I mean if we did have this kind of formal structure where there is some reflective feedback." – DE10</i>
3	Assessing a person's identity	<i>"...we had a course on identities. And we said they could use any methods they wanted to present...a historical thing of their own identity. And this one student made the most amazing project; we gave her a 100% for it. She made a suitcase that had boxes inside and another box, another box, another box. Till the very smallest one when she was a child. And so you went back from where she was with symbols and things and she told the story as she opened the boxes. She told the story of her life. And so it was just this huge suitcase. And all the consciousness</i>

		<i>in and around race, when she became aware of race issues...” – LEC3</i>
4	Assessing barriers a person faces	<i>“Like in exams you have case studies and you could be asked like what are the barriers that this person faces or what would you want to address, and how, and how would you try.” – SWD2</i>

However, lecturers will need to be trained on how to use these different methods of assessment:

*Again that’s something which lecturers need to be trained to use those different methods of assessment. – LEC3*

The latter view is supported in UCT’s assessment policy, that the university is responsible for providing opportunities for the professional development of academics in assessment (UCT, 2004).

In the next section, participants said that disability issues should be embedded into the curriculum rather than including it as an add-on.

#### 4.4.5 Embed Disability Issues in All Levels of the Curriculum

Participants advised that care should be taken that this inclusion is not done as an add-on, but should be included at all levels of the curriculum. Embedding it should be done as part of what the disciplines do – their everyday teaching and learning:

*I think the one common one that almost all programmes have, is this whole thing of we’re overloading the curriculum so that it becomes a new issue and is an add-on. And I think it’s about saying what it’s actually part of, it’s part of everything you do, it’s part of everything we do, you know, in this work. So, not necessarily to add on, but to integrate with, you know, the issues directly, you know, all of the everyday things you deal with in your discipline is where this belongs. – DE5*

The effect of this embedding rather than adding on, as was mentioned by one of the students, because they have had four years of exposure to

disability issues, in her words, it feels like they are there, referring to a broadening of their perspective:

*From first year we've been introduced to but even first year going to second year, you like, one step up but your still not there. I mean it's taken a while and like it's here now but it's because we've had four years of exposure. – SWD4*

However, another student cautioned that it's not an easy process even for the students to grapple with. Having a broadened perspective, similar to the mind-shift spoken of helps:

*I think the main thing...if they can take anything away would just be having broadened perspective on what disability is. It's still taking us four years to grapple with everything... it's very difficult, it's such a deep thing to really convey. – SWD1*

Participants said that building and designing the curriculum for diversity requires a lot of support for the curriculum developers and university lecturers. In the next theme, participants highlighted the types of support needed and also encouragement to those few already doing the inclusion.

#### **4.5 Creating a Community of Practice**

Participants spoke about support measures that can help with the inclusion of disability issues: a community of practice with different layers of support and recognition to encourage other academics. This theme also spoke to the “who” of the curriculum process framework in terms of the resources and infrastructure requirements.

#### 4.5.1 Types of Support

Table 2

*Types of support and materials to support lecturers in the inclusion of disability issues*

Types of Support	Materials to Support
Process of change for lecturers.	1. Understanding the complexity of disability. 2. Understand difference. 3. Introduce lecturers to different methodologies, especially participatory methods.
Teacher training.	How to respond to diversity and disability in the classroom.
A central place.	A central place for teaching and learning materials on including disability issues.

The first level of support was to assist lecturers to understand the complexity of disability and to embed disability into the curriculum

*...to help the lecturers themselves to go through a process of change in getting to those two points of seeing disability as difference and seeing disability in their discipline to get through those processes. – DE2*

This process of change could be to build ways to respond to diversity in the classroom into teacher training:

*I mean, doing work on disability is the issue of building into teachers' training the issue of responding to diversity in the classroom, and including disability. – DE1*

This training should not only centre on the teaching methodologies but also particularly on the use of participatory methods:

*Not only in terms of the methodologies but... particularly participatory methods from my perspective. – LEC3*



Because participatory methods are extremely adaptable, they may help accommodate the different ways students learn, as mentioned earlier:

*...the thing about participatory methods is that they are extremely adaptable and there are so many of them. – Lec3*

The second level of support was the provision of a central space where useful and accessible teaching materials on how to include disability issues can be accessed:

*And I just think if we added to a common base so, you know, teaching materials or videos or whatever it is that we find useful, that just a space where we could organise it. It may just make it easier for people to say well, let me at least, let me just look at it if they are not ready to try it. – DE4*

Because sometimes a challenge is not knowing where to get these resources:

*I think sometimes that's part of the challenge; is you don't know where to go get these things. – DE4*

However, care should be taken that the lack of resources is not used as a barrier:

*I think we got to a point that you made is that it is true that we use resources often as a barrier, an excuse. – DE 4*

To cover attitudinal barriers towards inclusion of disability issues because sometimes the resources do exist but attitudes become the barrier:

*We find the resources. It's always about an attitude. – DE5*

#### 4.5.2 Community of Practice for Existing and Future Inclusive Practices

Participants alluded to what I term a community of practice, where curriculum developers can strategise towards transformative change in the curriculum by supporting one another through collaboration. This may help support a change from the traditional teaching method where a lecturer provides all the knowledge to students:

*I was going to say, supporting one another, but there's a need for collaboration. Yes, there's a need for collaboration and so that we can then strategise within the things we are planning... I think it's critical that we have to strategize as curriculum developers, so that we do not sort of, just pour everything down the throat of students. – CD1*

This community of practice might hopefully rally together those academics already doing great work with passion on the inclusion of disability issues into undergraduate curricula at UCT. However, they were doing so in isolation, and therefore their efforts were not seen by others:

*There are pockets of, or there are individuals who are, I think, doing great work and who are passionate and who are trying to do things. One of the problems with that approach is that the vast majority are not seeing those people. – LEC1*

One of the ways to highlight their efforts is to value teaching and learning alongside research as stated in the fifth goal of UCT's strategic goals (UCT, 2009, 13).

A view also supported by one of the disability experts:

*And the more it comes from the top and the more it kind of has acknowledgements, like say, the Teachers Award, or whatever. I think it sort of starts to kind of penetrate a bit more. This is something I should be doing. – DEC2*

Another opportunity to encourage disability inclusion could be the teaching grant. This grant can focus on getting the current teaching practices on disability inclusion at the university:

*So I'm thinking about the, you know, the teaching grant, what if they started in one year to say we are focusing on disability this year, and let's get improving practices on disability teaching. – DE4*

## 4.6 Translating Talk into Action

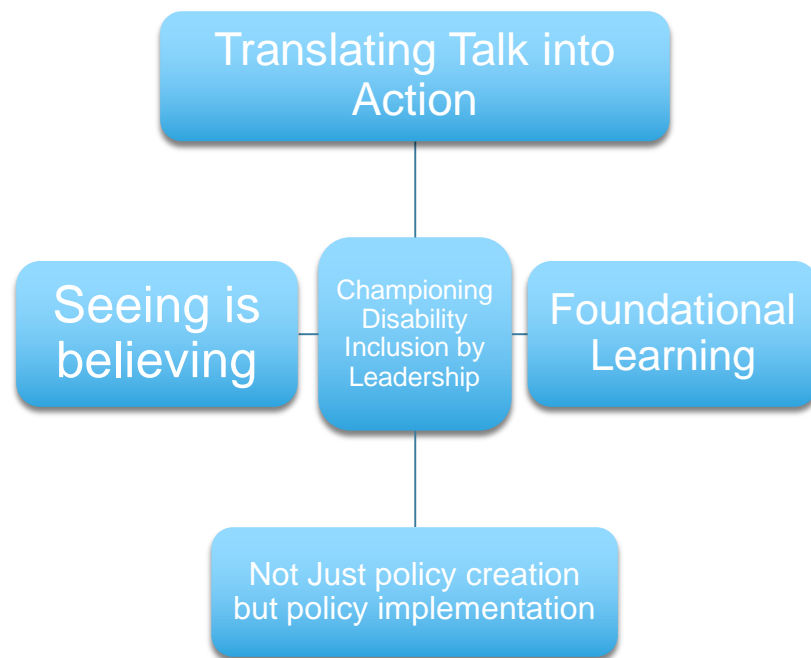


Figure 7: Theme 4 - Translating talk into action categories

The last theme highlighted actions that can be taken to translate talk into action. Participants mentioned that the university leadership should be visibly involved in the process and also discussed when disability issues inclusion should begin. There is a draft strategic plan at UCT which has as one of its objectives, the inclusion of disability issues in undergraduate curriculum. This spoke to the “when” of the curriculum process framework but also to the “who”, saying that university management is part of the process.

### 4.6.1 Championing Disability Issues Inclusion By Leadership

One of the lecturers said the first focus in disability issues inclusion should be to start with the top executives at UCT. What they do will filter down and influence students:

*Don't start with the students. The students will be influenced by what happens here. We need to start with the top people and if they show this, then it'll filter down. – LEC1*

Lecturers will also start including disability issues in undergraduate curricula if they see that the top executives at UCT are conscious of disability-type issues:

*If they see, gee, the execs are always thinking about and conscious of disability-type issues, they'll say we need to include this. – LEC1*

UCT has started this process as described earlier with the DIRECT project and Ohajunwa's (2012) study from Chapter Two. Also from examples of the inclusion of disability issues at UCT by various departments in Chapter Four.

Another way UCT is championing disability issues inclusion is through an improvement project in the community where UCT is bringing different university role players to the site, creating a good space to talk about disability issues:

*...school improvement project that UCT has in the community, where it brings the different university role players as well as community together. That's been a good space to talk about disability and impairment... – DE4*

However, there remains a need to sensitize the leadership; those who lead the curriculum process, to make decisions about resource allocations which should include disability issues:

*...but those who have the power at higher levels in looking at curricula in assigning, designing curriculum or allocating resources, the mind-shift also must occur. – CD1*

#### 4.6.2 Not Just Policy Creation but Also Policy Implementation

From the document analysis of existing policies at UCT, like the disability policy, UCT commits to engage in policies and practices that promotes the admission, recruitment and retention of student and staff with disabilities. UCT will cater for the unique learning styles of students with disabilities which might entail modifying curricula and include alternative assessment modes (UCT, 2011).

Most important in the same policy was UCT's acknowledgement of the need to infuse disability perspectives into undergraduate and graduate programmes, listing various disciplines where that can happen, such as Engineering and Built Environment, Film and Media, Social Development Studies (UCT, 2011). The institution is currently working on a draft policy which signals a shift to addressing the lack of the inclusion of disability issues

but even this new upcoming policy has to address the issue of how policy is translated into action.

In its strategic goals, UCT does acknowledge that it is challenging to cater for student diversity as expressed through their different learning styles into teaching and learning, assessment and ultimately the curriculum (UCT, 2009).

So we do have the policies, as participants of the study acknowledged, but resources and opportunities are not made available to implement them:

*The policies are there, but they do not seem to appreciate that the resources are not made available to implement any of the things. –*

*CD1*

To implement these policies, we need to look at where the policy implementation bottlenecks are, and what prevents them from filtering down to implementation:

*One thing...is to look at where the policy implementation bottlenecks are. Where, between the declaration of the policy and making the policy public, to getting it filtered down to where it should be, what are the barriers, what prevents it, to intervene there? – CD2*

One of the students without disabilities mentioned that one of the bottlenecks was that people do not know these policies:

*...knowing policies or, things that are in place, that are there. Like you have these great policies... people don't know about them. –*

*SWD2*

Another part of translating what we say into action at UCT – as mentioned by participants – was that if we say we are including disability issues into curricula, then the inclusion should happen from the first year of study at the university.

#### 4.6.3 Foundational Learning

Each discipline at the university right at the beginning of an undergraduate course should explore the diversity of people in relation to disability issues:

*I think that it's really crucial that you look at each discipline and that each discipline study tells an undergraduate course, preferably right in the beginning, where they have to explore the diversity of people.*  
– DE2

Implemented at first year, this will open up the thinking of the students:

*And I feel if you can do that already, like in year one, you can already open up the thinking.* – DE2

So appreciating from first year, that whatever discipline students are training for, be it as an accountant or medical student, their clients will include all types of people, therefore also disabled people:

*But appreciating from first year, whether you are training to become an accountant or medical student or whatever, your clients are any type of people, you know.* – CD1

One of the students with disabilities then suggested that inclusion could actually start at orientation, before the students start classes:

*Like maybe if just like an hour is just spent during like Orientation Week for the first years, be like these are the different, you know, things.* – DS1

#### 4.6.4 Seeing is Believing

The inclusion of disability issues into undergraduate curricula and inclusion of persons with disability as students at university were actually not two separate issues but one and the same:

*You know you've got like disability in the curriculum and we've got inclusion of disabled people, and they're not actually separate.* – DE2

Therefore, the university cannot talk about the inclusion of persons with disability at the university and not do it. Implementation also includes the act of recruiting students with disabilities:

*The university can't talk about it in isolation and not do it. So they need to do the act of recruitment of students who have impairments, and then start to work with it as well.'* – DE4

Because, as one of the students without disabilities mentioned, she does not see persons with disability on UCT's upper campus:

*...but I was thinking do we actually know, I mean, if you walk around upper campus, that's what I keep thinking about, the campus, you don't see people with disabilities... – SWD3*

However, UCT is making progress, which is having an impact as expressed by one of the student with disability:

*I think I've experienced, my experience is that there is definitely acceptance of disability and that highlights the diversity in the university I suppose aims to achieve, so I think that, I feel comfortable as a diverse individual in, you know, in a setting such as this. – DS3*

#### **4.7 Summary**

Participants in the study expressed their views of why disability issues should be included in the undergraduate curriculum at UCT. They said it should be included because it is part of the transformation agenda and a way of achieving transformation through the curriculum. This theme highlighted the “why” of the curriculum process framework. They then spoke to building the curriculum so it responds to the diversity of students. This theme addressed the content to be included: the “what” of the curriculum process framework but also the “who” and the “how”. In the third theme, participants spoke of creating a community of practice which also addressed the “who”. The fourth theme highlighted translating what UCT says in terms of inclusion of disability issues into action, which relates to the “when” of the curriculum process framework, when the inclusion should start.

## **CHAPTER FIVE**

### **DISCUSSION**

#### **5.1 Introduction**

In this chapter, the discussion of the results is presented. The four themes that emerged from the findings argue for the inclusion of disability issues into the undergraduate curriculum, their content, teaching, and assessment methodology disrupting the traditional ways of thinking in higher education. Therefore, this study argues for disability issues to be included as a transformation issue. When answers to the questions of the curriculum process framework are integrated, the “how” emerges. The integration of the answers to the curriculum process framework becomes the “how” of including disability issues into undergraduate curricula at UCT.

The results also highlight that in determining how to include disability issues into undergraduate curricula in each discipline, using the curriculum process framework, another effect manifests: that of transformation of the undergraduate curriculum. So in the inclusion of disability issues into undergraduate curricula, a transformation occurs with benefits, which this chapter discusses. These benefits facilitate a mind-shift, challenging existing structures. This chapter highlights the optimism that it is possible to include disability issues into undergraduate curriculum but also the optimism that it is possible to use this inclusion as a way to transform undergraduate curriculum.

#### **5.2 If We Do Not Include Disability Issues into Undergraduate Curricula, We Are Missing Out**

The very nature of the word “Transformation” is to disrupt something, to change something, because a need has been identified; like the need to do away with the racial discrimination through the collapse of the apartheid regime, ushering democracy into South Africa (Wangenge-Ouma, 2010). This need, highlighted by participants in this case study, is dissatisfaction with current society. Participants were questioning why we have been discussing race and gender issues but excluding disability issues. In the process, they are highlighting why disability issues have their own unique



contribution to the transformation of society. And the way to do it is through the undergraduate curriculum because that is the one tool where fundamental changes can be embedded as part of the foundational core offerings of the university's curriculum, like epistemological, ontological and methodological moves, to direct towards a transformation (Maistry, 2011).

For instance, one of the participants of this study mentioned that, in his view, we are all disabled at various times in our lives. He used the example of having a blinding headache and how, at that particular moment when he has the headache, he considers himself disabled in that he cannot read certain things without the aid of technology or maybe pain-killing drugs. This offers new dimensions to the uniqueness which the inclusion of disability issues can bring. In essence, disability can exist in various forms but the important thing is that, however it exists, it exposes dissatisfaction with the situation where it exists and therefore solicits a dialogue or discussion for a better way.

The social model of disability affirms that disability is a result of environmental, economic and cultural barriers erected by an oppressive society (Tugli, Klu, & Morwe, 2014). Disability issues disruption in undergraduate curricula can engage our students to start to see disabling factors running deeper into the lives of the so-called able-bodied. Black students who are marginalised because of the colour of their skin, and females who are marginalised because of their gender, all speak to a disabling condition in society because the structures constructed in society have been created in such a way that they exclude these marginalised groups. Participants alluded to this in chapter four, where it was mentioned that hard sciences are favoured over soft sciences. A further benefit that the inclusion of disability issues will bring is to enable students to learn to identify these disabling structures and so work out a solution to bring about a balance.

It goes further: even in dominant groups such as White persons, the so-called able-bodied or men, people will also experience forms of disability in their lives. It is a situation where they experience barriers because of the way society has been formed to favour certain groups over others. Those that it

favours become the dominant group while the other groups become the marginalised. A White person going to an all-Black school can also experience marginalisation through the social setup in that institution of learning if the structures have been geared to cater mainly for Black students. The same can happen to a man who works in an organisation composed mainly of women. Or, using the blinding headache example from one of the participants of this study, imagine someone working in a factory where they get very few breaks, suddenly developing a blinding headache. If they are not allowed to get some pain killers and rest a bit before continuing to work, then they become disabled during the time when the blinding headache occurs due to the established working structures and conditions. This is not to say that the struggles experienced by a person with a disability can be equated to those of someone without impairment, but the inclusion of disability issues in undergraduate curricula gives reason to question disabling barriers in any form, with anyone in society. Students can begin to question established norms that favour some groups of people over others. In this way, the inclusion of disability issues can transform higher education and, hopefully, society.

Another benefit we may forgo from the disruption which the inclusion of disability issues may bring to undergraduate curricula is that of The No Child Left Behind Act of 2001 (NCLB) which, according to the United States Department of Education (2004), ensures that every student is learning and no student falls through the cracks.

In Kemp, Blake, Shaw, & Preston's (2009) article on a dialogue about the NCLB specifically focusing on content versus pedagogy, they discussed which was more important. They concluded that both were important but some of their arguments were significant. Firstly, in order to convey content through pedagogy, there has to be consideration of the student's needs (Kemp et al., 2009). Secondly, that the lecturers try to put themselves in the mind of the student through understanding of their prior knowledge, experience, social background and identities. Lastly, if lecturers cared about students, understanding the content, which I believe they do, they would have to consider other teaching, learning and assessment methods that

require overt engagement (Kemp et al., 2009). The more teaching, learning and assessment methods lecturers could employ, than didactic teaching, the better (Kemp et al., 2009).

This is very similar to what participants suggested in the results chapter, that if we want to teach for change, then we require teaching, learning and assessment methods that facilitate such change.

Clearly, the universal instructional design framework which has been influenced by the inclusion of disability issues shows the promise that can disrupt traditional ways of teaching and learning in accommodating the learning styles of different students; thereby making sure that every student is learning and that no student falls through the cracks.

With the inclusion of disability issues, this may be driven home more effectively because, as another participant mentioned, when accommodations are made for persons with disability, they usually benefit all, citing the examples of ramps and the computer mouse as mentioned by another participant in Chapter Four.

I particularly liked Kemp et al.'s (2009) reference that every student's brain is unique. That is what participants of this study were referring to when advocating for teaching, learning and assessment methods that facilitate change: a change that enables the unique brain of every student to express their unique understanding of the curriculum. An example was one given by one of the lecturers where she allowed one of her students to present on identities using boxes within boxes; where each box held artefacts that explained her identity at different times in her life. The student got a hundred percent for that task. That is an example of the disruption that the inclusion of disability issues can bring. The instructional design framework has been assisting lecturers to do this, not just for students with disabilities, but for many others.

However, as participants also noted, educators who teach without engaging students are unlikely to yield the desired results (North Central Regional, 2005). Therefore, the engagement is also crucial and participants gave examples of possible ways to engage students.

This new view shows how the inclusion of disability issues can influence the “no child left behind”. An understanding of disability issues, of how disablement applies in different contexts – even with so-called abled people – affirms just a few things which universities may be missing out on if they do not begin to discuss the inclusion of disability issues into their undergraduate curricula.

Including disability issues in undergraduate curricula can also act as a lens whereby students can learn to look at barriers from a new and different point of view. At UCT’s School of Dance, Ohajunwa et al. (2014) found that the inclusion of disability issues enabled students to look at disability through the lens of ability rather than disablement. Students focus on what the body can do and take it from there. Similarly, UCT’s Transport Studies programme included a universal access audit assignment where a wheelchair access audit was conducted by students which enabled them to develop a finer perception of their environment (Ohajunwa & McKenzie, 2013).

Participants then alluded to the dissatisfaction about the society we live in: one that marginalises minority groups based on disability, race, gender, class and age. This society is one where profit overshadows everything; where individual economic achievement by any means eclipses any other endeavour. It is the capitalist society which increases the marginalisation of people based on their disability, race, gender, class and age, thereby creating an unequal society. The more material things we own through our pursuit for individual economic achievement, the more successful we become and it seems not to matter who we have to trample on to achieve this, who we have to alienate to achieve this, or whose interest we subjugate by our own interests (Schlosser, 2003). Why? Because our society depends on money to be happy (Schlosser, 2003): an indication that the capitalist society is one where human beings are alienated from themselves as human beings (Karl Marx, 1993). Humans gradually lose what it means to be human as they are continually consumed by an insatiable desire to acquire earthly riches for themselves alone. This creates a world where an impaired body is seen as a non-contributor to profits and is thereby excluded from participation.

### **5.3 Disability Issues Inclusion may Shift Thinking from the Self Interest of a Capitalist Society to a Selfless Society**

*We believe that there is only one standard of beauty and if we don't look that way then we are ugly. (Schlosser, 2003, p. 34).*

Schlosser (2003), in her article titled *My Image Struggles in Capitalist Society*, narrates how capitalist society shapes and forms conditions that continually force females to be marginalised: a patriarchal society where women are not valued as much as men (Schlosser, 2003). Her article shows the functions of a capitalist society, that is, how the pursuit of money is used as the criteria for success over anything else. This in itself is not wrong, but she notes that the pursuit for money alone has become so powerful that it has become the overarching goal of our society. Therefore, jobs that are not money-making machines are of lesser value. This echoes the example that one of the participants mentioned in Chapter Four of how the work of a community worker is seen as less valuable within the capitalist society and is therefore paid much less.

Higher education institutions have also been influenced by capitalist thought. University policy no longer serves social needs but economic ones (Johnson & Hirt, 2011). The current curricula are known to produce graduates with a capitalist orientation. Therefore the university can be regarded as a participant in reproducing a capitalist society through its curricula. Undergraduate students are increasingly taught to value self-interest and credential acquisition over the interest of working for the benefit of the society, the environment, and the less privileged. This has led to curricula that value some disciplines over others. Participants alluded to this when they mentioned that hard sciences, such as surgery, are seen as more important than the social sciences, such as disability studies, which are regarded as somewhat less in value. With a capitalist-orientated curriculum, the positions of the soft sciences are weakened because they are not directly for-profit sectors but are used to teach and inform the public and society in general (Lynch, 2006).

What is happening, according to Lynch (2006), is that higher education institutions are pressured to graduate commercially-orientated professionals

rather than those who have the public interest at heart. His implication is that it will produce graduates who are self-interest driven, weakening public interest values (Lynch, 2006). It also favours those who can pay for education – the privileged elite – but disadvantages the vulnerable: students with disabilities, the economically disadvantaged, female students and certain ethnicities. It narrows the focus of universities to a set of internal market considerations and the generation of revenue, particularly on what can be quantified, thereby jeopardizing the quality of students' experience, identities, and inclusivity and the institution's promotion of diversity (Lynch, 2006).

Johnson and Hirt (2011) argue that a capitalist orientation in the university curriculum has allowed the university to improve teaching facilities, and complete buildings for accessibility (e.g., for students with disabilities). But such projects have also driven up the cost of education, thereby limiting access to only those who can afford it. It has also ignored the fact that the greater part of society cannot afford the high costs of raising children, caring for the older generation, unpaid carers, persons with disability and the community worker mentioned earlier (Lynch, 2006).

In order to effect a change or at least a balance, there needs to be that mind-shift that participants of this study mentioned; the inclusion of disability issues can support this process because it may help challenge the status quo, the traditional ways of teaching and learning, the neo-liberal capitalist orientation in the curriculum which universities impart to students: to think mostly of their personal success at the expense of an inclusive environment. So it is a mind shift that has an inclusive society as its end goal, one that facilitates transformation. As Lynch (2006) said, narratives of equality and inclusion bear the capacity to challenge this neo-liberal capitalist orientation in undergraduate curricula. The hope is that as we make efforts to change the curriculum, we begin to make the shift to a more inclusive curriculum, cognisant that it will not be an easy process.

Also, given that the society is capitalist in orientation, producing students without a capitalist orientation is not a guarantee of a selfless society because they will then not fit in. However, given that this capitalist structure

does not consider disability inclusion, the hope is that the inclusion of disability issues helps disrupt the traditional ways of the curriculum to start the process.

Failing to start this discussion might mean that disability issues, like those in the social sciences, will begin to lose their ability to influence undergraduate curricula for the greater good of society, levelling access, and championing visibility of marginalised issues. Government support for the social sciences has been diminishing, given they are not seen as areas that promote the immediate profit generation for capitalist-orientated universities (Lynch, 2006).

In the next section, discussion follows on part of what we may lose and part of what may help to shift thinking from a capitalist-orientated university to a selfless one. The inclusion of disability issues can also help to debate the marginalisation of soft skills with the aim of disrupting the traditional dominance of hard skills.

#### **5.4 The Marginalised Soft Skill: A Ripple Effect of a Capitalist Society**

Participants mentioned the need to teach soft skills such as attitude in Chapter Four. This is because graduating students who deal with other people in their professions will seldom find a person without a specific social context having specific needs. Universities need then to hone the soft skills of undergraduate students, such as attitude.

Soft skills usually help to form students with a more holistic character: one who is able to balance the environment, societal needs and economic considerations even as he/she pursues their personal advancement (Nikitina & Furuoka, 2012). It is the equal consideration of hard and soft skills that will produce this kind of student. However, as it currently stands in higher education institutions, soft skills do not receive the same attention as hard skills in the curriculum. This is because the capitalist society influence on the curriculum favours hard skills as the major curriculum output. So what are these soft skills? They are skills that are generic, related to non-academic abilities such as positive values, leadership, teamwork, communication, values, beliefs, attitude, ethics, moral skills and lifelong-learning, among others (Nikitina & Furuoka, 2012). Hard skills are more technical in nature

and refer to tangible skills like typing, ability to use programs, mathematics and performing of tasks (Nikitina & Furuoka, 2012). The fact that soft skills are called non-academic abilities is enough to indicate that they are not considered skills that are as important as hard skills in the curriculum. Therefore, they are given less value, as with disability issues. Probably one of the problems in nurturing soft skills in undergraduate curricula is that it is not often easy to measure them, as one participant noted in the results chapter. How does one measure attitude? There could be ways, but conceptualising soft skills has been problematic (Nikitina & Furuoka, 2012). However, this is no justification to relegate them to the background because, in doing so, we are omitting many benefits that soft skills offer and a good chance to understand the diversity that students bring to higher education.

Havergal (2015) writes in the United Kingdom engagement survey in 2015 that undergraduate students reported little improvement in soft skills such as creativity and citizenship during their university sojourn. Students reported strong development in terms of hard skills, which are traditionally regarded as the hallmark of university study (Havergal, 2015). The inclusion of disability issues has the potential to gradually level the playing fields where soft skills are valued as much as hard skills.

Soft skills are more or less self-taught (Nikitina & Furuoka, 2012). If so, then they are bound to manifest differently in different people as the personality of each person is likely to influence how they manifest. The way they manifest builds students' identities, identities which continually change, and character, by being able to shape, adapt and apply the experiences brought about through the constant change of their identities (Daniels & Brooker, 2014).

With the inclusion of disability issues in their undergraduate curricula, higher education institutions can start to nurture students' soft skills, such as empathy towards persons with disability, by placing themselves into the shoes of another. The impairment of disability is so different from other marginalised groups that when the attitude of a student changes for the better towards persons with disability, it may influence a greater change in attitude towards other people generally. This is when, as Favish et al. (2012)



said, students start to become change agents in their communities, which is not always as easy as it sounds.

Also, because certain impairments, like intellectual disability, make a person very vulnerable, students may develop a deeper sense of morality in considering what is right and what is wrong in dealing with a person with an intellectual disability. Consequently, the inclusion of disability issues helps nurture students' soft skills. Students can begin to question why the attainment of profits at the expense of the vulnerable is not challenged. Students will begin to debate why ethical considerations are sometimes ignored in a capitalist society.

However, the university will need to support students to journey towards this level of engagement through the transformation of undergraduate curricula. Favish et al. (2012) noted that, in order to implement an equity-driven curriculum, which allows students to value diversity by employing soft skills in conjunction with hard skills, then the student profile and student graduate attributes have to reflect this equity and diversity. It is worth noting that the valuing of soft skills on the same level as hard skills might not necessarily lead to a critical awareness of social issues, but it might act as a spur, a first step in the right direction. To raise the level of awareness will require a more political consciousness; a conscious strategy.

It should be acknowledged that a capitalist society does have its benefits, such as innovation. However, as Schimank (2015) writes, this makes an economy susceptible to turbulence which leads to economic crises.

*Innovations include creative and rigorously self-interested dealings with the regulatory structures of the economy such as the formation of cartels and monopolies, the exploitation of market power, uncontrolled speculation, insider trading, bribery, even downright robbery. (Schimank, 2015, p. 419).*

So while innovation is a good practice, the way we go about it reflects the capitalist society which suppresses soft skills like honest virtues, or, where in order to reach higher profits companies would want workers who do not fall ill, or who can work at ten times the current rate (Schimank, 2015). Workers

are then replaced with technology and this becomes a case where the perceived benefits of profit outweigh the cost.

So, in strengthening the soft skills of our graduating students through the inclusion of disability issues, we may begin to see a mind-shift that changes or improves the focus, structures and processes used in a capitalist society. This reaffirms why participants of this study suggested that disability issues be included as a transformation issue, because they have the capacity to facilitate a mind-shift.

In order to gain deeper understanding of difference through disability issues, and to support and strengthen student soft skills, we need to alter the traditional ways in which we teach. To affect a mind-shift from a capitalist society to a selfless society, the traditional ways we teach, learn and assess students at higher education institutions will no longer be sufficient when disability issues are introduced into undergraduate curricula.

It is therefore possible to answer the “how” we include disability issues into undergraduate curricula using the curriculum process framework.

In the final discussion below, I will argue that it is possible to include disability issues in undergraduate curricula, and will also highlight that it is an integrative process with a transformative effect involving answering the questions raised by the curriculum process framework.

### **5.5 When There is a Will, There is a Way: It’s Possible.**

Participant responses show that the transformation of the curriculum through the inclusion of disability issues is possible. It is a process that is already ongoing, with examples given from the Department of Mathematics highlighting how they incorporated the issue of difference, using role playing to make sense of context. Other examples given included the wheelchair mobility mentioned by one of the students without disabilities, and the use of intersectionality through the intersection of disability issues and gender by the African Gender Institute. They are saying that it is possible but it needs to be university-driven through the undergraduate curriculum.

This is because, “The curriculum is viewed as a site or vehicle for transformation” (Maistry, 2011, p. 119). Transformation in higher education is

a planned change aimed at addressing historical disadvantages to reform higher education in order to meet society's needs (Aina, 2010). However, transformation in higher education curricula needs to be understood as a continually evolving form, which is what Narismulu and Dhunpath (2008) represented as an African iris with characteristics that represent a constantly iterative and evolving depth and knowledge that had no hierarchy in the context of transformation (Narismulu & Dhunpath, 2008). The characteristics of the iris are very similar to the diversity which students bring to the university. This diversity lies in different forms within each student and requires a transformative curriculum to help shape and mould it correctly. But, how has the university curriculum catered to an understanding of the nature of its students? Maistry notes that the inability to provide teaching and learning ways that can capture the rich qualitative ways students learn creates barriers that hinder an effective transformation in academia (Maistry, 2011).

Therefore, for a question such as how disability issues are to be included in undergraduate curricula, there needs to be a dialogue, a sharing, and an interdisciplinary collaboration to understand the identities, soft skills and differences which undergraduate students bring to the university. With different skills such as those required to include disability issues, different teaching methods are needed. Undergraduate students need to be able to link to their curriculum not only in the hard skills which the curriculum teaches but also in the soft skills that lie in undergraduate student identities. They need to be able to have a lived experience of the curriculum. The only way in which that can happen is if the curriculum starts to debate the soft skills and identities that undergraduate students bring. One way to start this dialogue and debate is to recognise intersectionality and how it manifests itself.

Intersectionality, being something that all undergraduate students carry in different forms, should become visible in every curriculum at undergraduate level. So in the "what" of the curriculum process framework, participants spoke of the need to include intersectionality in the curriculum. Disability issues, as one of the important intersecting issues of transformation, should be included in the undergraduate curriculum at UCT because, as one of the

intersecting parts of transformation, it allows us to get a novel and deeper understanding of the evolving nature of transformation. However, it should be included through intersecting with other issues because disability issues are not islands on their own, but combine with other issues. For example, viewed through the lens of disability issues, an intersection of gender and disability issues shows that women have been traditionally seen as defective males, an intersection of disability issues and race shows that people of colour are seen as defective Whites, and an intersection of disability issues and ethnicity shows that ethnic groups are seen as pathologically deviant from majority populations (Couser, 2005). These intersecting views allow us to see how people understand diversity, and difference. The intersection facilitates the engagement of higher education curricula with these intersecting views, thereby giving students a better understanding of a richer diversity that will help them in the society they step into.

Each discipline, however, has to interrogate how it intersects with disability issues in order to embed it into the curriculum because adding disability issues as a separate topic or course means that the curriculum will once again be disconnected from the students' soft skills, identities and ultimately, their lived experiences. Accordingly, disability issues have to be included in the different disciplinary content at undergraduate level, as part of it. Content representing student identities, soft skills, difference, diversity and more, were all mentioned by participants as content areas that other disciplines can link up with.

Each discipline will also require support in their ability to integrate disability issues into their curriculum. Participants of this study noted that other disciplines might struggle to include disability issues in their curricula because they feel that they are not disability experts. This is where building a learning community might help rather than working in silos, and this speaks to the "who" of the curriculum process where we partner with others, work with students and seek support from disability experts to be part of the process. Most important is the inclusion of persons with disability in the formation for the inclusion of disability issues into undergraduate curricula. Persons with disability also need to be included in the teaching of this

curriculum, as participants of the study mentioned. As Higbee (2003) said, teaching and learning moves from not just regarding knowledge as the taking in of information but a process of social co-creation of knowledge together with persons with disability (Higbee, 2003).

Further, in a learning community, a space for dialogue and connections between university disciplines is created where ideas, practices and challenges are discussed (Higbee, 2003); and where the intellectual links into the socio-cultural experiences of students (Higbee, 2003). In this way, lecturers can get a lot of feedback from the learning community but, most importantly, from the students. Given that they are cognisant of the socio-cultural experiences of their students, they will be able to begin to engage with student identities, their soft skills, values, ethics, morals and the like, and see how to build this into the curriculum. Lecturers can then customise a curriculum that reflects a more holistic view encompassing both academic and social skills, giving attention to the wide range of student abilities (Higbee, 2003).

We should not, however, fight shy of the fact that transforming undergraduate curricula through the inclusion of disability issues will probably be hard and challenging (Maistry, 2011). Transformation is not a straight forward process and can be invisible most times, yet it spreads widely across diverse populations (Maistry, 2011). This is because the intersectional combinations of diverse parts like race, class, gender, sexuality, disability and other forms of identification continually change as their interplay manifests in new ways and forms, thereby making transformation in undergraduate curricula a constant evolutionary process (Msibi, 2013). In addition, participants spoke of building a collaborative partnership between disciplines because we have not been used to assessing soft skills such as attitude, and patience. Building a community of practice that lends support by sharing exemplary strategies which can, in the process, be replicated and enhanced, would probably manifest differently in a variety of disciplines.

It is also good to begin inclusion at undergraduate level so that students get an early introduction to start to grapple with the concepts because, as their identity is shaped and reshaped while they progress through university, they

get a richer experience that helps them negotiate the right balance between a capitalist society and a selfless one. That is why the focus of this study is at the undergraduate curriculum level and, by achieving transformation through a curriculum change theme; participants gave reasons why it should be included. This gives undergraduate students more time and space to discuss areas of uncertainty with their lecturers. This speaks to the “when” of the curriculum process framework.

## **5.6 Conclusion**

In order to include disability issues into the undergraduate curriculum at UCT, the curriculum process framework from the results chapter offers a way to go about the process. I argued reasons why, if we do not include disability issues, we may be missing out on the transformative benefits it brings. Benefits like shifting the mind-set from a capitalist to a more inclusive way of thinking; and balancing soft skills with hard skills. This discussion then highlights what participants were saying, that in general that it is possible to include disability issues, and albeit challenging, it can be done with the right support and collaboration.

## **CHAPTER SIX**

### **RECOMMENDATIONS, LIMITATIONS AND CONCLUSION**

#### **6.1 Recommendations**

##### **6.1.1 The Inclusion of Disability Issues Highlights an Intersection and Interdependence of Issues of Marginalisation that Might Facilitate a Mind-shift**

The embedding of disability issues into undergraduate curricula in all disciplines may give the University of Cape Town one avenue to help speed up transformation. With the pervasiveness that disability issues bring – but most importantly by its intersection with other issues like race, gender, power, class, and ethnicity, it cannot be looked at independent of other issues. Other issues on the other hand cannot be looked at without considering their intersection and inter-dependence with disability issues. Therefore, the different disciplines at UCT need to start looking into how these issues integrate with their disciplines through interdisciplinary collaboration.

The inclusion should also not simply be an add-on, but it should rather be embedded into the curricula of each discipline. UCT can then evaluate if the impact of the inclusion of the intersection and interdependence of disability issues with multiple issues helps to improve the understanding of the complexity in society in its students as opposed to the present understanding students have at UCT. It is the hope that this will help UCT to gradually make the mind-shift that constantly interrogates, documents, evaluates and engages with campus issues and societal issues at large, thereby fulfilling its mandate to address South African socio-economic problems.

##### **6.1.2 The Curriculum Process Framework Can Support the Inclusion of Disability Issues**

The curriculum process framework from Chapter Two can provide much support for other disciplines aiming to include disability issues in their undergraduate curricula.

In answering the questions of why they should include disability issues, decide what content to include, who should be part of the process, and when it should be done, the hope is that the “how” will emerge. They can then see how to include disability issues into their curricula. This process is not cast in stone and is a suggestion. A better or improved way may emerge and that is why forming a community of practice at the university is important so new ways that emerge can be shared with others and will only improve from then onwards. We do not necessarily need to be disability experts to effect this inclusion but we can call upon the help of those already doing so. Most importantly, we can call on persons with disability to be part of the process.

## **6.2 Recommendations for Future Study**

A future study can replicate this study by using these findings as a baseline to see if a similar result emerges. This is just one suggestion and it would be good to see what suggestions emerge from similar studies.

A future study can implement the use of the curriculum process framework in a discipline at UCT to see if it really makes it easier for them to include disability issues in their undergraduate curriculum.

Another future study could examine the inclusion of disability issues with other issues of diversity in a discipline at the same time, and see their blend; for example, race, gender, class or ethnicity.

## **6.3 Limitations of the Study**

The study sample of students with disabilities was composed of only females as no male with a disability responded to a request to participate in the study. Therefore, this study did not get the views of male students with disabilities at UCT. In addition, the students with disabilities were not interested in participating as a focus group but preferred having in-depth interviews. A focus group of students with disabilities would enable a study to get the rich interaction that should result from such a group.

The researcher is a novice researcher who is taking on a complex topic so he is still learning how to navigate the research process which might have impacted on the outcomes of the research. However this may be a baseline to build upon for a better research outcome.



## **6.4 Conclusion**

This research used a qualitative case design to explore answers to the question of how we include disability issues in undergraduate curricula. What emerged was that in considering the “how”, we first need to know the “why”. It also found that the “why” is not isolated from the “who”, the “when” or the “what”. In the end, it found that when answers are discovered for these questions, then the “how” emerges. They are all integrated in addressing the question of how we include disability issues into undergraduate curricula.

Including disability issues should be embedded and not done as an add-on. It should also be included with other issues of diversity like race, gender, class, power, and ethnicity because disability issues cannot be considered in isolation.

Disability issues inclusion has been shown to be a possible way to debate dominant university structures that favour certain groups of people over others. It can therefore be used to fashion dialogues to challenge these structures. Ultimately, it would result in an equitable society where all feel they belong and where all are free to pursue their aspirations without fear.

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## **APPENDICES**

### **Appendix 1: Guideline questions to Masters Focus Group (Curriculum Developers & Lecturer)**

Steps taken before the focus group session:

1. Welcomed participants to the focus group discussion.
2. Inform participants why they were selected.
3. Introduced the purpose of the study.
4. Asked participants to introduce themselves.
5. Confirmed that participants understood the information on the information sheet.
6. Informed participants that the research was voluntary
7. Informed participants that in this focus group discussion, there are no wrong answers.
8. Informed participants that all opinions are important.
9. Participants were told that they were free to express both positive and negative answers.
10. Participants were informed to please not speak at the same time, to allow others to speak.
11. Informed participants that their voice will be recorded but no identifiable information in final write up.
12. Collected the consent form from participants.
13. Notified participants of availability of tea/coffee and biscuits if needed.

### **Questions**

1. As curriculum developers, lecturers who have included disability issues in their course or teaching such courses, is there a curriculum framework or would you advise for inclusion of disability issues in undergraduate curriculum?
2. What teaching method do you think can best help the inclusion of disability issues in undergraduate curriculum at UCT?
3. Are there any assessment methods you think will help the inclusion of disability issues in undergraduate curriculum?

4. What resources do you think will support the inclusion of disability issues in undergraduate curriculum?
5. What constraints do you think we might likely come across when including disability issues in undergraduate curriculum?

## **Appendix 2: Guideline questions to Masters Focus Group and In-depth Interview (Disability Experts)**

Steps taken before the focus group session:

1. Welcomed participants to the focus group discussion.
2. Inform participants why they were selected.
3. Introduced the purpose of the study.
4. Asked participants to introduce themselves.
5. Confirmed that participants understood the information on the information sheet.
6. Informed participants that the research was voluntary
7. Informed participants that in this focus group discussion, there are no wrong answers.
8. Informed participants that all opinions are important.
9. Participants were told that they were free to express both positive and negative answers.
10. Participants were informed to please not speak at the same time, to allow others to speak.
11. Informed participants that their voice will be recorded but no identifiable information in final write up.
12. Collected the consent form from participants.
13. Notified participants of availability of tea/coffee and biscuits if needed.

### **Questions**

1. Can you give an example of a disability issue that you think should be included in undergraduate curriculum?
2. What teaching method do you think can best help the inclusion of disability issues in undergraduate curriculum at UCT?
3. Are there any assessment methods you think will help the inclusion of disability issues in undergraduate curriculum?
4. What resources do you think will support the inclusion of disability issues in undergraduate curriculum?

5. What constraints do you think we might likely come across when including disability issues in undergraduate curriculum?

### **Appendix 3: Guideline questions to Masters Focus Group for students without disabilities and In-depth Interview for disabled students**

Steps taken before the focus group session:

1. Welcomed participants to the focus group discussion.
2. Inform participants why they were selected.
3. Introduced the purpose of the study.
4. Asked participants to introduce themselves.
5. Confirmed that participants understood the information on the information sheet.
6. Informed participants that the research was voluntary.
7. Informed participants that in this focus group discussion, there are no wrong answers.
8. Informed participants that all opinions are important.
9. Participants were told that they were free to express both positive and negative answers
10. Participants were informed to please not speak at the same time, to allow others to speak.
11. Informed participants that their voice will be recorded but no identifiable information in final write up.
12. Collected the consent form from participants.
13. Notified participants of availability of tea/coffee and biscuits if needed.

#### **Questions**

1. Can you give any example of a disability issue you have come across on campus either in your experience or in lectures?
2. Given issues discussed, which ones do you think students should be taught on at UCT?
3. Why?
4. How do you think these issues can be taught to you at UCT to increase understanding?
5. How do you think these issues can be assessed at UCT to properly test that you understood the content?

6. Is there anything that made it difficult for you to understand the disability issues being discussed in class?

## Appendix 4: General Ethical Approval Letter



UNIVERSITY OF CAPE TOWN  
Faculty of Health Sciences  
Human Research Ethics Committee



Room E52-24 Old Main Building  
Groote Schuur Hospital  
Observatory 7925  
Telephone [021] 406 6338 • Facsimile [021] 406 6411  
Email: [shuretta.thomas@uct.ac.za](mailto:shuretta.thomas@uct.ac.za)  
Website: [www.health.uct.ac.za/research/humanethics/forms](http://www.health.uct.ac.za/research/humanethics/forms)

19 December 2013

**HREC REF: 766/2013**

**A/Prof H Kathard**  
Health & Rehab  
F-Floor, OMB

Dear A/Prof Kathard

**PROJECT TITLE: HOW CAN WE INCLUDE DISABILITY ISSUES IN UNDERGRADUATE CURRICULA AT THE UNIVERSITY OF CAPE TOWN**

Thank you for submitting your study to the Faculty of Health Sciences Human Research Ethics Committee for review.

It is a pleasure to inform you that the HREC has **formally approved** the above-mentioned study.

We acknowledge that the student, Ikechukwu Nwanze is also involved in this study.

**Approval is granted for one year until the 30<sup>th</sup> January 2015**

Please submit a progress form, using the standardised Annual Report Form if the study continues beyond the approval period. Please submit a Standard Closure form if the study is completed within the approval period.

(Forms can be found on our website: [www.health.uct.ac.za/research/humanethics/forms](http://www.health.uct.ac.za/research/humanethics/forms))

Please note that the ongoing ethical conduct of the study remains the responsibility of the principal investigator.

Please quote the HREC reference no in all your correspondence.

Yours sincerely

**Signed**

**PROFESSOR M BLOCKMAN**  
**CHAIRPERSON, FHS HUMAN ETHICS**

Federal Wide Assurance Number: FWA00001637.

Institutional Review Board (IRB) number: IRB00001938

This serves to confirm that the University of Cape Town Human Research Ethics Committee complies to the Ethics Standards for Clinical Research with a new drug in patients, based on the Medical Research Council (MRC-SA), Food and Drug Administration (FDA-USA), International Convention on Harmonisation Good Clinical Practice (ICH GCP) and Declaration of Helsinki guidelines.

HREC Ref 766/2013

The Human Research Ethics Committee granting this approval is in compliance with the ICH Harmonised Tripartite Guidelines E6: Note for Guidance on Good Clinical Practice (CPMP/ICH/135/95) and FDA Code Federal Regulation Part 50, 56 and 312.

HREC Ref 766/2013



## Appendix 5: Informed Consent Form

### CONSENT FORM

**Title of Study:** How can we include disability issues into curricula at the University of Cape Town.

I have been provided with an information sheet explaining the research project and I understand the letter.

I have been given the opportunity to ask questions and all my questions have been answered satisfactorily.

I am aware that I can contact Harsha Kathard or Chioma Ohajunwa for any further queries, or if I have concerns or complaints. I have been given their contact details in the information sheet.

I understand that participating in this project will involve the following:

Attending a focus group session and a possible follow up in depth interview.

The researcher will take notes during the focus group session.

My voice will be recorded.

I consent to having my voice recorded during this research.

I understand that the researcher will be able to identify me but that all the information I give will be coded, kept confidential and will be accessed only by the researcher, his supervisor and co-supervisor.

I understand that I will not be identified in any report, thesis, or presentation of the results of this research.

I understand that I can withdraw from the research at any time without any penalty.

I freely agree to participate in this project.

---

Participant's name & signature

---

Date and place

---

Researcher's name & signature

---

Date and place

---

Witness (if necessary)

---

Date and place

## Appendix 6: Information Letter

### Information Sheet

My name is Ikechukwu Nwanze; I am a postgraduate student conducting a mini thesis in partial fulfillment of my Masters in Disability Studies at the University of Cape Town. This information sheet will give details of what this study is about, why you are participating in this study and how the information you give will be used.

**Title of research:** How can we include disability issues into curricula at the University of Cape Town.

#### **Purpose of Study**

The purpose of this study is to explore the relevant issues of disability that should go into UCT's undergraduate curriculum in order for students to get awareness of disability issues. There will be a focus group session constituting of curriculum developers and lecturers who already include disability issues into curriculum to discuss how to include disability issues into undergraduate curriculum at UCT. Some of you will be called later for an in-depth interview to further discuss points that came out of the focus group session. The aim is to gather the essential disability issues that will form the foundation of disability awareness in curriculum at UCT. This will hopefully form a baseline for disability issues inclusion in undergraduate curricula at UCT.

#### **What the information from the focus group session will be used for**

The discussions of the focus group session will be audio taped and then transcribed verbatim for analysis. The researcher will use codes to identify responses from you in such a way that you will not be linked to the information you provided during the sessions. These codes will be categorized into themes that will be used for discussion in the researchers Masters thesis.

#### **Confidentiality Agreement**

Information which you give during the focus group interview will be treated as confidential. At the beginning and end of the focus group session, the researcher will

inform all participants that the discussion resulting from the focus group session needs to be treated as confidential and that no member of the group should divulge this information outside the group. The researcher will also maintain confidentiality by using pseudonyms or codes to represent your contributions so as to keep them confidential.

#### **Selection of Participants**

You were chosen for this focus group discussion either because of your knowledge and experience of inclusive practices for disability issues inclusion in curriculum or your knowledge and experience in creating and guiding curriculum design with good teaching and assessment methods.

#### **Recruitment of Participants**

Participants consisting of lecturers and curriculum developers will be recruited as follows: I will send an email inviting lecturers who already include disability issues into curriculum at UCT, email to the Education Development Unit of Health Science Faculty and to the adult learning center of the Higher and Adult Education Studies and Development Unit at UCT for two curriculum developers. After they have agreed to take part, I will then send them a personalized follow-up invitation with details of date, time and venue for the meeting with a proposed agenda and my contact details (Litosseliti, 2003).

#### **What will be required of the participants?**

Participation in this study is totally voluntary and the response you give will be reported in a way that does not identify you, as codes will be used for your privacy and confidentiality. The only people who will know that you participated in this study will be me the researcher, my supervisor Harsha Kathard and my co-supervisor Chioma Ohajunwa whose contact details are at the end of this information sheet.

The focus group session will last for about an hour and a half and the sessions will be voice recorded. It will take place at a venue convenient for you at the University of Cape Town. However, venue and time will be adjusted to accommodate the participants. The transcribed data will be presented to you to check that what was transcribed by the researcher was actually what you said. Corrections will be made where there was a misrepresentation of what you stated during the focus group session. You are however free not to answer any question without giving any reasons why. You are also free to withdraw at any point in time from this study without any repercussions.

After the focus group, some of you will be called upon for an in-depth interview just to elaborate more on the concepts and contributions you made during the focus group interview.

**What will be the benefit to the participants?**

The benefit to you is having the opportunity to contribute to the addition of diversity through disability issues inclusion and subsequent transformation of UCT's undergraduate curriculum. There will be no remuneration for taking part in this study.

**What will be the risks involved?**

**Informational risk**

Information provided by you will not be linked to you and will remain confidential. However the study cannot guarantee 100% confidentiality whereby any member of the focus group decides to divulge information from the session. So there will be an understanding between the participants and the researcher that information from the focus group sessions will not be divulged to any person other than the researcher, his supervisor and co-supervisor.

Participants will be reminded that information discussed in the focus group session needs to remain confidential.

If you have any questions regarding the focus group process or want to discuss it further, you are free to contact my supervisor and co-supervisor whose contact details are below:

<u>Researcher</u>	<u>Supervisor</u>	<u>Co-supervisor</u>
Ikechukwu Nwanze	Harsha Kathard	Chioma Ohajunwa
Student	Director	DSP Program
DHRS	DHRS	DHRS
Faculty of Health Sciences	Faculty of Health Sciences	Faculty of Health Sciences
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Email: ikechukwu.nwanze@uct.ac.za	Email: harsha.kathard@uct.ac.za	Email: co.ohajunwa@uct.ac.za

If you have any questions or concerns about your rights or welfare as a research participant please contact the head of the Faculty of Health Sciences Human Research Ethics Committee, Mark Blockman with contact details below:

**Ethics Committee**

Mark Blockman  
Associate Professor Chairperson  
Faculty of Health Sciences Human Research Ethics Committee  
Tel: +27 21 406 6496  
Email: Marc.Blockman@uct.ac.za